



FILED

NOV 12 2015

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 45444  
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In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request.

For office use only

Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

1) CORRESPONDENT NAME: Greer, Burns & Crain, Ltd. MAILING ADDRESS: 300 S. Wacker Drive, Suite 2500 Chicago, IL 60614

2) APPLICANT'S NAME: (Owner:  Individual or  Entity) ADDRESS: Willamette Wine Country RV Park, LLC C/O SIMA Management Corp, 1231-B State Street Santa Barbara, CA 93101

3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Delaware

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.) The mark consists of the stylized wording "THE VINTAGES" in black lettering.

6) SPECIMEN OF MARK IS REQUIRED:  Attach a drawing or photocopy of the mark as it is actually used to this application.

7) GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.) Clothing

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) On goods

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 125

10) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 1/1/2014

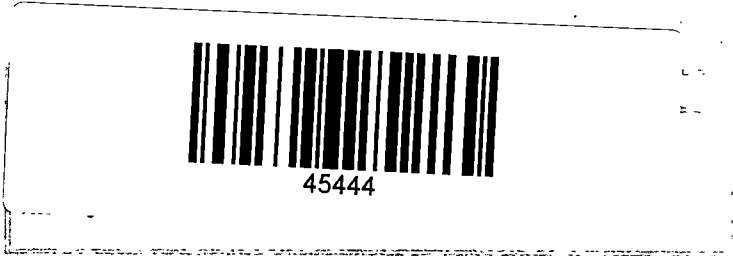
11) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 1/1/2014

12) EXECUTION: I, the applicant, own the mark, the mark is in use, and no other person has registered the mark with the federal government or in Oregon or has the right to use the mark or a mark that so resembles the mark as to be likely to cause confusion or mistake or deceive when applied to the goods or services of the other person. I declare under penalties of perjury that this application is true, correct and complete.

(If applicant is an entity, a member of a firm, officer of the corporation, officer of the limited liability company, or officer of an association must sign.)

Signature: [Handwritten Signature] Title: CEO Date: 11-9-15

CONTACT NAME: (To resolve questions with this filing.) Paul G. Juettner  
PHONE NUMBER: (Include area code.) 312 360 0080



45444

THE  
*Vintages*