



FILED

APR 18 2017

REGISTRY NUMBER:

46504

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OREGON SECRETARY OF STATE

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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.

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

- 1) CORRESPONDENT NAME: DAVID SNODGRASS MAILING ADDRESS: 3944 SW HALCYON RD, TUALATIN, OR 97062
- 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: OCEAN SPA, INC. 3944 SW HALCYON RD, TUALATIN, OR 97062
- 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: OREGON
- 4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS: N/A
- 5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.) THE WORDS "OCEAN SPA"
- 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.) SPA SERVICES
- 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) ON WEBSITE, BROCHURES, BUSINESS CARDS, LOCATION SIGNAGE
- 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 141, 142
- 10) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 1/1/15
- 11) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 1/1/15

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:

Title: PRESIDENT

Date: 4/7/17

CONTACT NAME: (To resolve questions with this filing.)

KIM MARTIN

PHONE NUMBER: (Include area code.)


503-716-9288

FEES



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*relax & rejuvenate
by the oceanside*

LMT#11965
503.436.0664
231 N. Hemlock, Suite 202
Cannon Beach, OR 97110

* Date First used Ocean Spa to the public 7/1/15
1/1/15