



REGISTRY NUMBER:

For office use only

47002

FILED

DEC 05 2017

OREGON SECRETARY OF STATE For office use only

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: Paul Loney MAILING ADDRESS: 1618 SW 1st Avenue, Suite 250, Portland, Oregon 97201
- 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: 1618 SW 1st Avenue, Suite 250, Portland, Oregon 97201
- 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Oregon
- 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.) Design - see attached description
- 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.) Services - laboratory testing of cannabis products.
- 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) Advertising/marketing, apparel, brochures, event tables/tents, business cards, tested product labeling.
- 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 142
- 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 11/20/2017
- 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 11/20/2017

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:

Authorized Agent

Date:

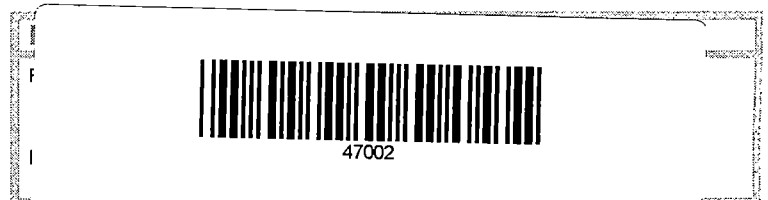
11/20/2017

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

Kristie Cromwell

PHONE NUMBER: (Include area code.)

503-234-2694



BACKGROUND: shape of the State of Oregon, black outline and fill.

MIDDLE GROUND: within the interior of the state outline, is a large silhouette of a field of cannabis plants, in white.

FOREGROUND (atop the cannabis plants): the words “Green Leaf Lab” in black; to the right: white and black hexagon/floral design; to the right: word “TESTED” in black, beside a small white checkmark enclosed within black circle; beneath TESTED [checkmark], the phrase “We test the best.” written in black.

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**Green
Leaf Lab**



TESTED
We test the best.

