

REGISTRY NUMBER:

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingimOregon.com - Phone: (503) 986-2200

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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. For office use only Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary. 1) CORRESPONDENT NAME: MAILING ADDRESS: Barbra Z. Nault 11900 NE 1st Street, Ste. 300, Bellevue, WA 98005 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: Studebaker Nault, PLLC 11900 NE 1st Street, Ste. 300, Bellevue, WA 98005 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Washington 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.) See additional page 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.) Legal services marketing materials 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) On flyers, business cards, website, letterhead, promotional materials 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) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 5/16/18 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.) Title: Date: Signature 8/3/2018 Manager

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

PHONE NUMBER: (Include area code.)

79 9929 ext 104



"Studebaker Nault" with capitalized first letter of both words. Both words in blue with a single small line in between the words. Tagline of "Health Care Attorneys for Healthcare Providers" also used on website and business cards

Studebaker Nault

BARBRA Z. NAULT, ESQ. 11900 NE 1st Street, Suite 300 Bellevue, WA 98005 bnault@studebakernault.com

VIA ___
Addressee
Re:
Dear ___:

Regards,

STUDEBAKER NAULT, PLLC

Barbra Z. Nault

cc:





Studebaker Nault

Health care attorneys for health care providers

Title

Forum

Date

Attorney, Esq.
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