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REGISTRY NUMBER: For office use only

DEC 10 2019

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: MAILING ADDRESS: Meaghan Morency; 6915 SE Lake Rd, Milwaukie, OR 97267 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: Oregonians Credit Union; 6915 SE Lake Rd, Milwaukie, OR 97267 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.) The words "MY" in large, bold typeface with the words "Checking Account" next to the word "MY." 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.) Logo and name used for My Rewards Checking products and services offered through the credit union. 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) On website and printed materials related to this product. 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 11/05/2019 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 11/05/2019 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. 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: Marketing Director 11/04/2019 CONTACT NAME: (To resolve questions with this filing.)

Meaghan Morency
PHONE NUMBER: (Include area code.)

503-833-5180

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