



FILED

JAN 29 2020

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

50814

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:

Lara Sernoffsky

MAILING ADDRESS:

1430 Willamette St #531

2) APPLICANT'S NAME: (Owner: ☒ Individual or ☐ Entity)

Lara Sernoffsky

ADDRESS:

Eugene, OR 97401

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.)

Willamette Valley Neurofeedback

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.)

Neurofeedback and biofeedback services

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

On website, business cards, and other marketing 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:

October 1 2019

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:

October 1 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.

(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:

Lara Sernoffsky
Digitally signed by Lara Sernoffsky
Date: 2019.12.23 22:30:09 -05'00'

Title:

Owner

Date:

Dec 23 2019

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

Lara Sernoffsky

PHONE NUMBER: (Include area code.)

541-306-8878

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