Submit \$50.00 renewal fee.

Renewal must be received by the renewal date to remain active.

Registration Number: 45094



SECRETARY OF STATE Corporation Division **Business Registry**

255 Capitol Street NE Ste 151 Salem, OR 97310-1327

Phone: (503) 986-2200 Fax: (503) 378-4381



MAY 2 0 2020

OREGON SECRETARY OF STATE

TRADE AND SERVICE MARK APPLICATION FOR RENEWAL PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1.	Correspondent's Mailing Address:				2. Applicant's (owner) business address:			
	AMANDA GUY 55 NW WALL ST STE 100			FALLING WATERS, LLC 55 NW WALL ST STE 100				
	BEND	OR	97703-3200		BEND	OR	97703-32 9 7701 -3200	
				Ren	ewal must be received by :	5/29/2	020	
Trade or Service Mark:				Original file date: 5/29/2015				
LINE IS: AUTO . WORK . SPINE . SPORT TAG LOGO: INTERLOCKING RINGS W/ LETTERS "FW" INSIDE 3. Attach a separate page with a drawing or photocopy of the mark as it is actually used. Any change in the mark requires a new registration.								
The mark is still in use in Oregon. To renew the trademark, complete this section.								
4.	Class number(s) of Goods or Services: Complete only if changing class numbers. (See reverse for class list) To see the filings associated with this trademark go to: http://sos.oregon.gov/business/Pages/trademarks.aspx							
5.	Applicant declares under Sign	penalt	ies of perjury that this	applic	3.10.20	complet	e.	
6.	Person to contact about the Amanda Gu		stration:		541 - 389 - Daytime Ph			
	NEXT RENEWAL DUE above.	DATE	E: The registration is	effe	ctive for five years from t	the ren	ewal due date	
Bu	ke checks payable to the Co siness Registry, 255 Capito es may be paid with a major	St NE	Ste 151, Salem, OR 97		327			
	e card number and expiration							

on a separate sheet for your protection.

The card number and expiration date should be submitted





FALLING WATERS

INJURY & HEALTH MANAGEMENT CENTER

AUTO • WORK • SPINE • SPORT