

**Trade and Service Marks - Registration**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200**FILED****OCT 14 2020**REGISTRY NUMBER: 51188

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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.

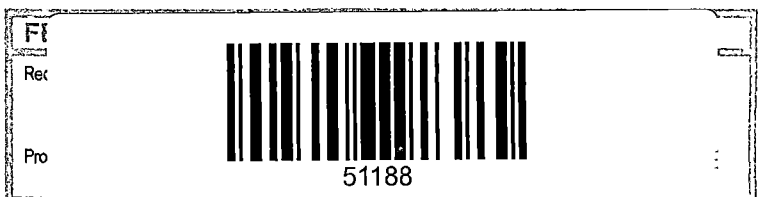
**OREGON
SECRETARY OF STATE**

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Please Type or Print Legibly in **Black** ink. Attach additional Sheets if Necessary.1) **CORRESPONDENT NAME:**Orlando Vega**MAILING ADDRESS:**PO Box 230741 Portland OR 972812) **APPLICANT'S NAME:** (Owner: ☐ Individual or ☒ Entity)Green State of Mind, Inc.**ADDRESS:**PO Box 230741 Portland OR 972813) **IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:**Oregon4) **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.)Botz6) **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.)Candy8) **EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED:** (Example: on goods, tags, labels, containers, etc.)On Packaged Goods as Brand Identifier9) **CLASS NUMBER(S) OF GOODS OR SERVICES:** (See form 290-a)13010) **DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:**3/20/1411) **DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:**3/20/1412) **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: Title:
OwnerDate:
9/14/2020**CONTACT NAME:** (To resolve questions with this filing.)Laura Valden**PHONE NUMBER:** (Include area code.)(917) 239 3927

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