



FILED

OCT 26 2020

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 51207  
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: Vivek Vaidya, 2181 Greenwich St., San Francisco, CA 94123 MAILING ADDRESS:

2) APPLICANT'S NAME: (Owner:  Individual or  Entity) ADDRESS: SUNFIRE NUTRITION, LLC, 5933 NE WIN SIVERS DR #205, PORTLAND, OR 97220

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.) REM

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.) CBD PRODUCTS, NAMELY, HEMP-BASED CAPSULES AND TINCTURES

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

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 131

10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 09/14/2020

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 09/14/2020

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: Vivek Vaidya Title: Attorney of Record Date: 10/15/20

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

PHONE NUMBER: (Include area code.) (415) 633-6841

Req

Prox



51207

REM



REM

CBN

DREAM CAPSULES

ORGANIC KEMP EXTRACT

1:1 CBN:CBG

300 MG // 30 DOSES

DREAM CAPSULES  
ORGANIC HEMP EXTRACT  
1:1 CBN:CBD  
300 MG // 30 DOSES

CBN

