

DocuSign Envelope ID: 74795814-ABE0-4468-93AC-5B1A2D17AF08



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

DEC 18 2020

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

51293

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:

ALISON MALSBURY

MAILING ADDRESS:

600 STEWART STREET, STE 1200 SEATTLE, WA 98101

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

MOTHER MAGNOLIA MEDICINALS, INC.

ADDRESS:

PO BOX 307, JUNCTION CITY, OR 97448

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 mark consists of the words "MOTHER MAGNOLIA MEDICINALS" without claim to any particular font style, size, or color.

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.)

CANNABIS FLOWER AND PRE-ROLLS

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

THE MARK IS INCORPORATED INTO THE AFFIXED LABEL ON THE CANNABIS GOODS

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

31

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

MAY 31, 2017

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

MAY 31, 2017

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: DocuSigned by:

Tom Seabie

B28597F5B84A4A...

Title:

PRESIDENT

Date:

12/2/2020

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

MEGHAN SAUNDERS

PHONE NUMBER: (Include area code.)

503-207-7313



51293

DocuSign Envelope ID: 74795814-ABE0-4468-93AC-5B1A2D17AF08

51293

MOTHER MAGNOLIA MEDICINALS