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51410

Trade and Service Marks - Registration

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FEB 25 2021

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 51410

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.

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Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary.

- 1) CORRESPONDENT NAME: Kara Unger MAILING ADDRESS: 6540 SW Iowa Hill Rd. Cornelius, OR 97113
- 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: same
- 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Oregon
- 4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS: Greg Unger, Kara Unger
- 5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.) Unger Farms written on green background in the shape of the state of Oregon with a yellow sun at the top.
- 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.) Selling berries and serving food.
- 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) on boxes, signs, uniforms, labels
- 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: 03/01/2021
- 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 03/01/2021

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: Kara Unger Title: owner, manager Date: 2/10/21

CONTACT NAME: (To resolve questions with this filing.) Sadie Wilkins
PHONE NUMBER: (Include area code.) 503-536-3122

FEES	
Required Processing Fee	\$50.00
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	

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