



FILED

MAR 05 2021

OREGON SECRETARY OF STATE

REGISTRY NUMBER:

51401

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:

Amanda Chao

MAILING ADDRESS:

7527 S Laview Drive, Portland, OR, 97219

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

AMANDA CHAO

ADDRESS:

7527 S. LAVIEW DRIVE, PORTLAND, OR

3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION:

Oregon

97219

4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS:

Amanda Chao

5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.)

words: "Cascadia Truffle" in script

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.)

truffles and truffle products, selling truffles and truffle products

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

on containers, labels and tags, in correspondence, on invoices, in digital/web media

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

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

4/7/2017

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

4/7/2017

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:

[Handwritten Signature]

Title:

CFO

Date:

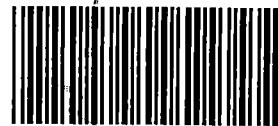
02/22/2021

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

Amanda Chao

PHONE NUMBER: (Include area code.)

971 260 0267



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CASCADA Truffe

