



Trade and Service Marks - Assignment or Cancellation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

TRADE AND SERVICE MARK ASSIGNMENT

(Complete only if 1, 2, 3, 6, 7, 8, 9, 12)

TRADE AND SERVICE MARK CANCELLATION

(Complete only if 1, 2, 3, 6, 7, 8, 12)

FILED

AUG 12 2021

OREGON SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 46109

In accordance with Oregon Revised Statutes 92.410-192.490, the information on this application is public record. We must release this information to the public upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) CORRESPONDENT NAME AND MAILING ADDRESS:

Parna A. Mehrbani do Tonkon Torp LLP, 888 SW Fifth Ave, Suite 1600, Portland, OR 97204

2) OWNER OR ASSIGNOR'S NAME AND ADDRESS:

Antheia Creations LLC 3388 Merlin Road, Suite A, Grants Pass, OR 97526

3) DATE MARK WAS ORIGINALLY FILED: October 21, 2016

4) TRADE OR SERVICE MARK DESCRIPTION:

TAMERANS, Egyptian Revival typeface

ASSIGNMENT ONLY

5) CLASS NUMBER(S) FOR WHICH MARK WAS REGISTERED: 105, 131, 134, 135, 138, 141, 142

6) NAME AND BUSINESS ADDRESS OF ASSIGNEE: (New Owner)

CF Solutions Corp. 1467 Siskiyou Blvd. #2016, Ashland, OR 97520

7) IF THE ASSIGNOR IS A CORPORATION, ENTER THE STATE OF FORMATION: Oregon

8) IF THE ASSIGNEE IS A CORPORATION, ENTER THE STATE OF FORMATION: Oregon

9) EXECUTION:

By my signature and official capacity, I certify that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. My false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Now, therefore, I do hereby assign to the ASSIGNEE, in consideration of which is hereby acknowledged, ASSIGNOR does hereby assign onto the ASSIGNEE all right, title, and interest in and to the mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark).

Assignor Signature:

Title:

Azarica Almuffehy, Manager

Date:

7-29-21

CANCELLATION ONLY

10) REGISTRY NUMBER: \_\_\_\_\_

11) EXECUTION:

By my signature and official capacity, I certify that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. My false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Date:

CONTACT NAME: (To resolve matters in this filing)

Parna Mehrbani

PHONE NUMBER: (Include area code)

503.802.2170



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