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51731 REGISTRY NUMBER:

OCT 05 2021

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OREGON

SECRETARY OF STATE 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: MAILING ADDRESS: James K. Muzyn 3185 SW Wallula Avenue, Gresham 97080-6620 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: Cruisin' with the Cops 3185 SW Wallula Avenue, Gresham 97080-6620 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.) Cruisin' with the Cops 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.) Car shows and related events 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) Flyers, Posters, Trophies, Awards, etc 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 142 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 06/14/2021 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: Owner 09/15/2021

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

James Muzyn

503-970-7792

PHONE NUMBER: (Include area code.)