REGISTRY NUMBER:

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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. For office use only We must release this information to all parties upon request. Please Type or Print Legibly in Black ink. Attach additional Sheets if Necessary. 1) CORRESPONDENT NAME: MAILING ADDRESS: Adam Dunn - 7781 sw 4th Ave Portland, OR 97219 2) APPLICANT'S NAME: (Owner: Individual or Entity) ADDRESS: Adam Dunn - 7781 sw 4th Ave Portland, OR 97219 3) If the Applicant Is an Entity, Enter the State of Formation: 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.) ResinRoll / Resin Roll / ResinRolls / Resin Rolls - See attached Attach a drawing or photocopy of the mark as it is actually used to this application. 6) SPECIMEN OF MARK IS REQUIRED: 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.) Pre-formed hashish cigarette 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) on labels and marketing materials (in print/textile/online/social media) 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 131 . 134 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: 10-20-21 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.) Title: Adam DUNN Signature: Date: Sole Owner of Squishy Scientific, LLC 10-20-21

CONTACT NAME: (To resolve questions with	th this filing.)	
Adam Dunn		
PHONE NUMBER: (Include area code.)		
925-876-2682		





