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REGISTRY NUMBER: 51901

FEB 28 2022

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: Timothy Ray 3933 NE MLK Blvd. Portland, Oregon 97212 2) APPLICANT'S NAME: (Owner: Individual or Entity) Random Point, LLC 3933 NE MLK Blvd., Portland Oregon 97212 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: Oregon 4) IF ENTITY IS A PARTNERSHIP, LIST NAMES OF GENERAL PARTNERS: Timothy Ray 100% 5) DESCRIPTION OF TRADE OR SERVICE MARK: (Include all words, designs and borders that comprise the mark) (Attach additional page if needed.) Arcanna, ArcannaPDX 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 seiling clothing.) Selling Cannabis Retail and Wholesale, shirts, branded products, ect 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) Trademark Idenifies Arcanna goods, tags, labels, shirts, hats ect. 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 131, 126, 125 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: 1/19/21 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.) Signature:

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

Timothy Ray

PHONE NUMBER: (Include area code.)

503-516-3189

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