

**Trade and Service Marks - Registration**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200**FILED****FEB 27 2023**REGISTRY NUMBER: 52411

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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.OREGON
SECRETARY OF STATE

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Please Type or Print Legibly in **Black** ink. Attach additional Sheets if Necessary.**1) CORRESPONDENT NAME:****MAILING ADDRESS:**James H. Walters patenttm.us, Suite 300, 205 SE Spokane Street, Portland, OR 97202**2) APPLICANT'S NAME:** (Owner: ☐ Individual or ☒ Entity)**ADDRESS:**VODA INTEGRATIVE MEDICAL CLINIC LLC 617 N Main Street, Newberg, OR 97132**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.)the word "VODA"**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.)healthcare services**8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED:** (Example: on goods, tags, labels, containers, etc.)advertising and marketing materials, website, signage**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:**Feb. 1, 2019**11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST:**Feb. 1, 2019**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: [Signature]

Title:

Member

Date:

2/1/2023**CONTACT NAME:** (To resolve questions with this filing.)James Walters**PHONE NUMBER:** (Include area code.)503-224-0115

52411



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Primary Care

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Allergies/asthma/eczema
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By appointment only

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