



FILED

MAY 23 2023

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 52553

For office use only

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.

Please Type or Print Legibly in Black Ink. Attach additional Sheets if Necessary.

For office use only

- 1) CORRESPONDENT NAME: Marie Janes Cannabis Connection  
MAILING ADDRESS: 568 SW 3rd ST Corvallis, OR 97333
- 2) APPLICANT'S NAME: (Owner:  Individual or  Entity) Christina Jancila  
ADDRESS: 124 NW 7th ST 613A Corvallis, OR 97330
- 3) IF THE APPLICANT IS AN ENTITY, ENTER THE STATE OF FORMATION: OR Zerjan LLC
- 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.) POT AND PIZZA DELIVERY
- 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.) Cannabis and pizza delivery
- 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) All social media accounts, emails, and any tangible physical items but not limited to flyers, cards, and t-shirts.
- 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: 05/21/2018 Registration Number 47334
- 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 5-21-2018

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: [Handwritten Signature]

Title: Owner

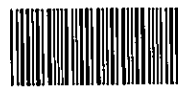
Date: 04/06/2023

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

Christina Jancila

PHONE NUMBER: (Include area code.)

503-576-9642



52553

**POT AND PIZZA DELIVERY™**

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