



FILED

JUN 09 2023

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 52575  
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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.

For office use only

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

1) CORRESPONDENT NAME: James P. Marion, Esq. MAILING ADDRESS: 1801 9th Ave., San Francisco, CA 94122

2) APPLICANT'S NAME: (Owner:  Individual or  Entity) Cogent Industries, Inc. ADDRESS: 61141 S. Hwy. 97 #417, Bend, OR 97702

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 mark consists of the word "PLANTAE". No claim to any particular font style, size or color.

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.) Retail services, namely cannabis dispensary services; cannabis flower; cannabis extracts for smoking

8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) storefront signage and advertising, dispensary website, on packaged goods and labels

9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 134, 135

10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 06/01/2015

11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 06/01/2015

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:

Title: Corporate Counsel

Date: 06/01/2023

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

PHONE NUMBER: (Include area code.) 415-306-0890

FE Req. Proc.





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