



Phone: (503) 986-2200  
Fax: (503) 378-4381

685/129

\$50.00

Trade and Service Marks—Registration

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

FILED

MAY - 1 2009

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER:

S 40868

For office use only

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

For office use only

1) CORRESPONDENT NAME AND MAILING ADDRESS

SHANNON INUKAI-CUFFEE

4151 SE Tualatin Valley Hwy

Hillsboro, OR. 97123

2) APPLICANT'S NAME AND ADDRESS (Owner)

Dick's MacKenzie Ford

4151 SE Tualatin Valley HWY

Hillsboro, OR. 97123

3) IF THE APPLICANT IS A BUSINESS, ENTER THE STATE OF FORMATION.  
OR

4) DESCRIPTION OF TRADE OR SERVICE MARK (Include all words, designs and borders that comprise the mark)

72 Hours to Love it or Leave it

6) GOODS OR SERVICES WITH WHICH THE MARK IS USED

Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.)

Website, marketing materials,

Advertising

7) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED

(Example: on goods, tags, labels, containers, etc.)

Marketing materials & Advertising

8) CLASS NUMBER(S) OF GOODS OR SERVICES (See form 171A)

135

9) DATE MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR

10/2008

10) DATE MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR

10/2008

5) SPECIMEN OR FACSIMILE OF MARK IS REQUIRED.

A specimen or facsimile of the mark is attached to this application.

11) EXECUTION

Applicant believes that applicant is the owner of the mark and no other person has the right to use such mark in Oregon, either in the identical form thereof, or in such near resemblance thereto, as might be calculated to deceive, or to be mistaken therefore, and applicant declares under penalties of perjury that this application is true, correct and complete.

Signature

Date

[Handwritten Signature]

4/15/09

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.

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

DAYTIME PHONE NUMBER (Include area code.)

Shannon Inukai-Cuffee

800-783-0863

FEES

Required Processing Fee \$50  
Processing Fees are nonrefundable.  
Please make check payable to  
"Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and



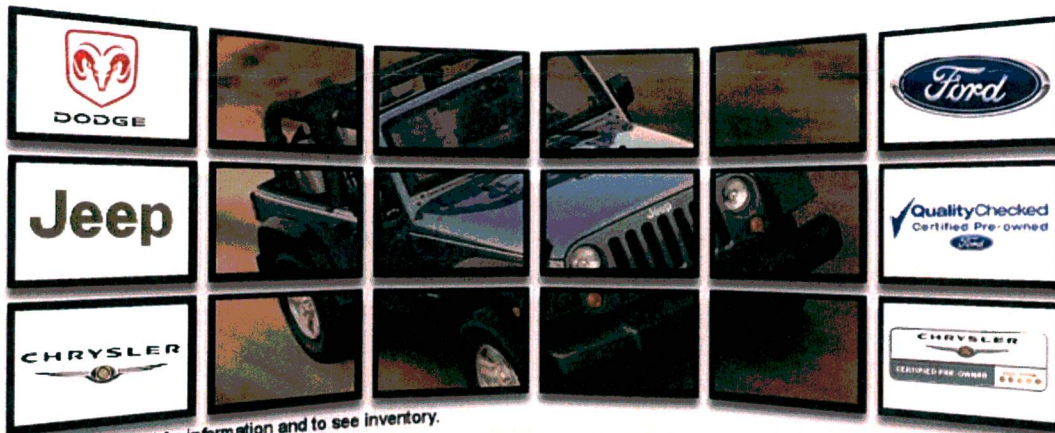
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