

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OI

## FILED

SEP 08 2023



OREGON SECRETARY OF STATE



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. 1) CORRESPONDENT NAME: MAILING ADDRESS: Eugene Of Jonathan Killman 3815 west 11th #100 2) APPLICANT'S NAME: (Owner: Individual or ADDRESS: Same 3) If the Applicant Is an Entity, Enter the State of Formation: 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.) Skull with flames in yellow and blue above the name Headhunters 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.) Education and Entertainment Logo for television show 8) EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Example: on goods, tags, labels, containers, etc.) Goods and merchandise, As the logo in production of the tv show Headhunters 9) CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 141 10) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 08/16/2023 11) DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: 08/16.2023 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.) Individual 08/23/2023

CONTACT NAME: (To resolve questions with this filing.)	FEES
Jonathan killman	Required Processing Fee \$50.00
PHONE NUMBER: (finclude area code.)	
509)789)0841	Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

