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SEP 25 2023

TE:	For office use only		OREGON. SECRETARY OF STATE
е п	cordance with Oregon Revised Statute 192.410-192.490, the information on this nust release this information to all parties upon request.		For office use only
	se Type or Print Legibly in Black Ink. Attach additional Sheets if Neces CORRESPONDENT NAME: MAKENZIE SPINKS, ATTORNEY	MAILING ADDRESS:	EW WAY, BEND, OR 97703
2)	APPLICANT'S NAME: (Owner: Individual or Entity) BASE CAMP OREGON LLC	ADDRESS:	YARD ST, BEND, OR 97703
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 BASE CAMP OREGON - word mark		rk) (Attach additional page if needed.)
•	SPECIMEN OF MARK IS REQUIRED: Attach a drawing or photocopy of the mark as it to actually used to this application. GOODS OR SERVICES WITH WHICH THE MARK IS USED: (Examples of goods are pizzas, shirts; examples of services are serving food and selling clothing.) BASE CAMP OREGON IS A SALES AND MARKETING CONSULTING BUSINESS WITH VARIOUS MARKETING MATERIALS AND BRANDED ITEMS		
8)	EXPLAIN MODE OR MANNER IN WHICH THE MARK IS USED: (Exemple: on goods, tags, tabels, containers, etc.) MARK IS PRIMARILY USED ON MARKETING AND PROMOTIONAL MATERIALS AND BUSINESS SUPPLIES		
9)	CLASS NUMBER(S) OF GOODS OR SERVICES: (See form 290-a) 135		
10)	DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED ANYWHERE BY APPLICANT OR APPLICANT'S PREDECESSOR IN INTEREST: JUNE 25, 2010		
11)	DATE (MONTH, DAY, YEAR) MARK WAS FIRST USED IN OREGON & JUNE 25, 2010	BY APPLICANT OR APPLICAN	T'S PREDECESSOR IN INTEREST:
12)	EXECUTION: I, the applicant, own the mark, the mark is in use, and no other person use the mark or a mark that so resembles the mark as to be likely the other person. I declare under penalties of perjury that this applic	to cause confusion or mistake ation is true, correct and comp	or deceive when applied to the goods or services or blete.
	(If applicant is an entity, a member of a firm, officer of the corporation	, officer of the limited flability o	
	Signature: Title:	MEMBER	Date: 09/14/2023

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

MAKENZIE SPINKS, ATTORNEY

PHONE NUMBER: (Include area code.)

541-382-4331

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