

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM463536

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Herb Pharm Holdings, LLC	FORMERLY Herb Pharm, LLC	12/22/2017	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Flora Oregon, LLC		
<b>Doing Business As:</b>	Herb Pharm		
<b>Street Address:</b>	20260 Williams Hwy		
<b>City:</b>	Williams		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97544		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2462384	PHARMA KAVA	
<b>Registration Number:</b>	2344094	WHERE QUALITY GROWS	
<b>Registration Number:</b>	2142522	HERB PHARM	
<b>Registration Number:</b>	2142521	SUPER ECHINACEA	
<b>Registration Number:</b>	2612435	HERB PHARM	
<b>Registration Number:</b>	5329923	HERB PHARM	
<b>Registration Number:</b>	5329922	HERB PHARM	
<b>Registration Number:</b>	4713460	HERB PHARM	
<b>Registration Number:</b>	5251468	TREAT YOURSELF TO BETTER HEALTH	
<b>Registration Number:</b>	5251469	TREAT YOURSELF TO BETTER HEALTH	
<b>Registration Number:</b>	5329936	HERB PHARM TREAT YOURSELF TO BETTER HEAL	
<b>Registration Number:</b>	5329937	HERB PHARM TREAT YOURSELF TO BETTER HEAL	
<b>Registration Number:</b>	4612851	HERB PHARM TREAT YOURSELF TO BETTER HEAL	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5032247819		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			

OP \$340.00 2462384

**Phone:** 5032247112  
**Email:** billd@eoplaw.com  
**Correspondent Name:** Elliott, Ostrander & Preston, P.C.  
**Address Line 1:** 707 SW Washington Street  
**Address Line 4:** Portland, OREGON 97205

**NAME OF SUBMITTER:** William A. Drew

**SIGNATURE:** /s/ William A. Drew

**DATE SIGNED:** 02/27/2018

**Total Attachments: 1**

source=SOS - Corporation - Business Entity Filing Records - 77788298a.PDF#page1.tif



Application for Amendment/Withdrawal - Foreign Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

[X] AMENDMENT TO APPLICATION FOR AUTHORITY (Complete only 1, 2, 8)

[ ] WITHDRAWAL OF AUTHORITY TO TRANSACT (Complete only 3, 4, 5, 6, 7, 8)

FILED DEC 22 2017 OREGON SECRETARY OF STATE

REGISTRY NUMBER: 777882-98

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 and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

AMENDMENT TO APPLICATION ONLY

1) ENTITY NAME: Herb Pharm Holdings, LLC

2) AMENDMENT: (The amendment is as follows.)

Effective September 15, 2017, the Certificate of Formation of the limited liability company is amended so that the name of the limited liability company is Flora Oregon, LLC.

WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS ONLY

3) NAME:

4) STATE OR COUNTRY OF INCORPORATION:

5) THIS CORPORATION IS NOT TRANSACTING BUSINESS IN OREGON, AND SURRENDERS ITS AUTHORITY TO TRANSACT BUSINESS IN OREGON.

6) THIS CORPORATION REVOKES THE AUTHORITY OF ITS REGISTERED AGENT TO ACCEPT SERVICE ON ITS BEHALF AND APPOINTS THE SECRETARY OF STATE AS ITS AGENT FOR SERVICE OF PROCESS IN ANY PROCEEDING BASED ON A CAUSE OF ACTION ARISING DURING THE TIME IT WAS AUTHORIZED TO TRANSACT BUSINESS IN OREGON.

7) MAILING ADDRESS: (The address to which the person initiating any proceeding may mail to this Corporation a copy of any process served on the Secretary of State. The Corporation will notify the Corporation Division, Business Registry of any change in this mailing address for a period of five years from the date of this withdrawal.)

8) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten Signature]

Printed Name:

Tal Johnson

Title:

CEO

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

Nicole Pratt

PHONE NUMBER: (Include area code.)

503-802-2063

FEES Required Processing Fee \$275 Processing Fees are nonrefundable. Please make check payable to "Corporation Division." Free cc TRADEMARK

FLORA OREGON, LLC



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TRADEMARK

REEL: 006280 FRAME: 0689