APPLICATION FOR REGISTRATION OF TRADEMARK OR SERVICE MARK

FILED: 08/31/2004 CID: 2004-00473165

WY Secretary of State Phone (307) 777-7311/7312 Fax (307) 777-5339

E-mail: corporations@state.wy.us

Wyoming Secretary of State The Capitol Building, Room 110 200 W. 24th Street Cheyenne, WY 82002-0020

completely. C'MON I	nte sheet if needed; however, you must describe the trademark NN (The words with a depiction of an outline reding a large yellow maon)
Name of applicant:	oneson, Inc
Business address of applicant:	4324 University Ave Grand Forks ND 58203
Mailing address of applicant:	POBOX 12697 Grand Forks NO 58208-26971
Applicant is individual;	corporation; limited partnership general partnershy; statutory trust; other.
If a corporation, limited partner where incorporated or organization	ership, limited liability company or statutory trust, show whe zed:
State: Minnesota	Date: 5/25/90
If a limited partnership or ger	neral partnership, list the names of the general partners or part
If a limited liability company	or statutory trust, list the names of the managers, members or t
If other, explain:	-

7.	Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide): Hotel Motel Services (name of Hotel)
8.	List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.):
9.	An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes No
	If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefore:
10.	Date of first use by applicant or predecessor (the mark must be in use before it can be registered): a. Anywhere 080390 b. In this state 08090404
11.	Three specimens or facsimiles of the mark <u>as it is actually used</u> must accompany this application
12.	The applicant is the owner of the mark. The mark is in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive. Signature available on original document
Date:	8 24 04 Signed:
	Title: OWNER
	y of Grand Forks
Subsc	ribed and sworn to before me this 24th day of August, 2004 by
	SEAL Canny n Oickman Notary Public
Му со	ommission expires: 9/23/08
****	***********************
Filino	Fee: \$100.00 (Filing instructions are on the following page)

tmnew - Revised: 3/2004

04.473165



Wyoming Secretary of State State Capitol Building, Room 110

State Capitol Building, Room 119 200 West 24th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339 Email: business@state.wy.us

Max Maxfield, WY Secretary of State FILED: 07/20/2009 11:37 AM Original ID: 2004-000473165 Amendment ID: 2009-000773467

Application for Renewal of Trademark or Service Mark Registration

1. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely:
C'MON INM (The words what depiction of an outlike of pine trees superceding a yellow moon, 2. Name of applicant:
Conpon. Inc
3. Business address of applicant:
4324 University Ave. Grand Forts NO 58203
4. The mailing address of applicant:
20 Box 12697 Grand Forts NO 58208-2697
5. Applicant is (check one):
individual; corporation; general partnership;
limited partnership; limited liability company statutory trust;
unincorporated association; other:
6. a. If the applicant is a corporation, limited partnership, limited liability company or statutory trust, list:
The state of incorporation or organization:
The date incorporated or organized: 05/05/1990 (Date - mm/dd/yyyy)
b. If a general partnership or limited partnership, list the names of the general partners or partners:
5 16 17
c. If a limited liability company or statutory trust, list the names of the managers, members or trustees:
d. If other, explain:
d. If other, explain:
7. Date of original registration in the office of the Wyoming Secretary of State: 08/24/2004
(Date – mm/dd/yyyy)
3. Provide the class number and title of the goods or services (see attachment). Use only one class code per renewal:
100 Miscellaneous

	cription of the goods or servi	ices within the cla	ss (i.e., what your pr	oduct is, or what service you
provide):	el Implel services (Name of th	e hotel chain	
10. List the mode or	manner in which the mark is	s used to identify	the goods or services	s (e.g.: goods - labels on cans
	tags, nameplates affixed d	lirectly to produc	t; services - labels	on laundry bags, advertising
window signs, etc.):	rane of hotel, styn	s, letterhood,	advertising, Bill	, box Is, Internet
	register the mark or portion atent and Trademark office:	is or a composite	has been filed by the Yes	applicant or a predecessor in
	g date, serial number of eac ot otherwise resulted in regis			pplication was finally refused
10/20/90	5#74114086			
12. Date of first use b	y applicant or predecessor (t	he mark <u>must be</u>	<u>in use</u> before it can b	e registered):
a. Anywhere:	(Date - mm/dd/yyyy)			
b. In this state	: 08/24/2004 (Date - mm/dd/yyyy)			
13. One photocopy or	r facsimile of the mark as it i	is actually used n	nust accompany this a	application.
application, no other the identical form the other person, to cause	person has registered, either	federally or in the lance as to be like ke or to deceive.	is state, or has the rig	e of the person verifying this ght to use such mark either in the goods or services of such iginal document
(mm/dd/yyyy)		Title:		
Contact Person:	Tanny Dickman			
Daytime Phone Numb	per: 701-775-314	13	CHI	YN .
State of <u>ND</u> County of <u>CFANSTO</u>	eke)			
Subscribed and sworn	to before me this	day of	Suly	
by Tamey Pi	chuan		_·	
(Notarial Seal)				
My commission expire	My Commission 5	y Public	1.62	