



California Secretary of State
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Trademark/Service Mark - Application for Registration

Type of Mark:	Trademark
Name of Owner (Registrant):	DUMAS MARTIN JR.
Registration Number:	306698
Classification Code(s):	010
File Date:	04/23/2019

Detailed Filing Information

1. Application for Registration of: Trademark
2. Owner (Registrant) Information:
 - a. Name of Owner (Registrant): DUMAS MARTIN JR.
 - b. Business Address: 101 West Mission Boulevard SUITE 110-147, Pomona, California, 91766, United States
 - c. Declaration of Ownership:

Registrant declares that the Registrant is the owner of the mark, that the mark is in use, and that to the Registrant's knowledge, no other person has registered the mark in this state, or has the right to use the mark, either in the identical form or in such near resemblance as to be likely, when applied to the goods or services of the other person, to cause confusion, to cause mistake, or to deceive.
 - d. Business Structure: Sole Proprietor
 - e. Name of General Partner(s): None
3. Description of Mark:

The mark consists of two human legs extended in an elevated supine position on top of a reverse wedge pillow.

See drawing page attached and incorporated by reference.

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4. Design Code(s): 09.01.07 02.11.08
5. Disclaimer:
6. Date of First Use of Mark
- a. Date Mark was First Used Anywhere: 01/15/1992
 - b. Date Mark was First Used in California: 01/15/1992
7. Identification of Goods or Products/Services:
- a. List specific Goods or Products/Services:
PILLOW, LEG PILLOW

 - b. Classification Code(s): 010
8. U.S. Patent and Trademark Information Item 8 does not apply
- a. File Date:
 - b. Serial/File Number:
 - c. Status of Application:
 - d. If Refused, Why?:
9. How is the Mark Used:
On Labels and Tags Affixed to the Goods, On Labels and Tags Affixed to Containers of the Goods
10. Type of Specimen:
X-1

See Specimen attached and incorporated by reference.

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Declaration of Accuracy and Signature

I declare that all the foregoing information contained in this Application is accurate, true and correct and that I am authorized to sign this Application. I understand that if I willfully state in the Application any material fact that I know to be false, I will be subject to a civil penalty of not more than ten thousand dollars (\$10,000.00).

Registrant or Authorized Representative: DUMAS MARTIN JR.

Date Electronically Signed: 04/23/2019

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DOCTOR, HOSPITAL AND PATIENT APPROVED!

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