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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

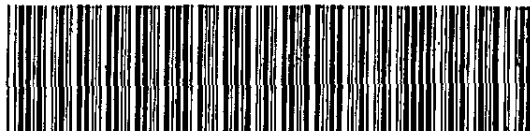
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 2, 2005

SAMANTHA L. SCHAFFER  
8400 BUCKINGHAM ROAD  
FT. MYERS, FL 33905

SUBJECT: KIDS IN THE SADDLE AND DESIGN OF 3 CHILDREN ON  
HORSEBACK  
Ref. Number: W05000005569

We have received your document for KIDS IN THE SADDLE AND DESIGN OF 3 CHILDREN ON HORSEBACK and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 005A00007611

**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Samantha L Schaffer  
8400 Buckingham Rd  
Fort Myers FL 33905  
(239) 461-0462  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: Whispering Pines Stables LLC

(b) Applicant's business address: 8400 Buckingham Rd  
Fort Myers FL 33905  
City/State/Zip

(c) Applicant's telephone number: (239) 461-0463

- Individual       Corporation       Joint Venture       Other: LLC  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration number: L04000019052 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 20-0753975

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

horse back riding school

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

labels, decals, T-shirts, newspaper ads, brochures  
signs, caps,

(Continued)

495.111

(d) The class(es) in which goods or services fall:

Class 41 - Educational + entertainment

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 12-1-04 (b) Date first used in Florida: 12-1-04

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Kids in the Saddle

design of 3 children on horseback

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Kids" APART FROM THE MARK AS SHOWN.

I, Samantha Schaffer, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Whispering Pines Stables, LLC

Typed or printed name of applicant

Samantha Schaffer

Applicant's signature or authorized person's signature (List name and title)

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STATE OF Florida

COUNTY OF Lee

On this 24 day of January, 2005, Samantha L Schaffer personally appeared before me,

who is personally known to me whose identity I proved on the basis of

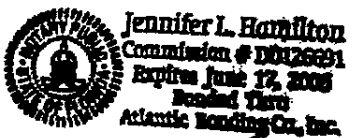
[Signature]

Notary Public Signature

Jennifer L. Hamilton

Notary's Printed Name

(Seal)



My Commission Expires: June 17, 06

FEE: \$87.50 per class



# Kids in the Saddle

RIDING PROGRAM

Ages 4 to 8

Samantha L. Schaffer - Riding Instructor

Whispering Pines Stables, LLC  
8400 Buckingham Road  
Fort Myers, Florida 33905

Phone: 239-461-0462  
Fax: 239-461-0463  
Email: [Yupivi@aol.com](mailto:Yupivi@aol.com)



*"A Child's Introduction to Horsemanship"*