Form **PTO-1594** RECOR **EPARTMENT OF COMMERCE** (Rev. 10/02) S. Patent and Trademark Office TR/ OMB No. 0651-0027 (exp. 6/30/2005) 102462701 Tab settings ⇒ ⇒ ⇒ To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies) Name: Pet Appeal One, LLC Pet Appeal, LLC 5-30-03 Internal Address: Building B Individual(s) Association Street Address: 14340 S.E. Industrial Way General Partnership Limited Partnership Citv: Clackamas State: OR Zip: 97015 Corporation-State Other Limited Liability Company Individual(s) citizenship_____ Association_ Additional name(s) of conveying party(ies) attached? Yes V No General Partnership_ 3. Nature of conveyance: Limited Partnership Assignment Merger Corporation-State_ Security Agreement Change of Name Other Limited Liability Company If assignee is not domiciled in the United States, a convergence of the United States, and the United States, a convergence of the United States, and the United States, a Other Execution Date: 9/24/2002 4. Application number(s) or registration number(s): B. Trademark Registration No.(s) 2,678,524; A. Trademark Application No.(s) 2,678,537; 2,530,440; 2,525,796 Additional number(s) attached Yes 🗸 No 5. Name and address of party to whom correspondence 6. Total number of applications and 5 concerning document should be mailed: registrations involved: Name: Erich W. Merrill, Jr. 7. Total fee (37 CFR 3.41).....\$ 140.00 Internal Address: Enclosed Authorized to be charged to deposit account 111 S.W. Fifth Avenue 8. Deposit account number: Street Address: **Suite 3400** City: Portland Zip:_ 97204 State: QR 00000015 75908776 DO NOT USE THIS SPACE 01 FC:852: 9. Signature. 40.00 DP 02 FC:852 100.00 DP Erich W. Merrill, Jr. Name of Person Signing Date Total number of pages including cover sheet, attachments, and document

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patent & Trademarks, Box Assignments

Washington, D.C. 20231

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached copy of the

Articles of

Amendment

filed on

September 24, 2002

for

PET APPEAL, LLC

changing the name to

PET APPEAL ONE, LLC

is a true copy of the original document that has been filed with this office.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

By Debra L. Virag

April 1, 2003

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Phone: (503) 986-2200 Fax: (503) 376-4381

Articles of Amendment/Dissolution—Limited Liability Company

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REGISTRY NUMBER: 697185-84

FILED SEP 24 2002 OREGON TATE

			CEURETARY OF S
k	n keeping with Oregon Statute 192.410-192.595, the	e information on the application is public record.	THE OF S
	Ye must release this information to all parties upon a lease Type or Print Legibly in Black Ink. Attach Ad	request and it may be posted on our website.	For office use only
	NAME PRIOR TO AMENDMENT	Greatin Street if Necessary,	
	Pet Appeal, LLC		
2)	THE FOLLOWING AMERIDMENT(s) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY. (State the criticis runnibur(s) and set forth the criticis(s) as it is amended to reed.)		
	Article 1 of the Articles of Organization is amended to read as follows:		
	"The name of this lim	nited liability company (the "Company	") is Pet Appeal One, LLC."
31	PLEASE CHECK THE APPROPRIATE STATEMENT		
-,	This amendment was adopted by the manager(s) without member action. Member action was not required.		
	Date of adoption of each amendment:		
	This amendment(s) was approved by the mam Date of adoption of each amendment: Septet	bers. 100 percent of the members approved	he amendment(s).
	Date of adoption of each amendment. Soption	mioerz4, 2002	
4)	NAME OF LIMITED LIABILITY COMPANY	ARTICLES OF DISSOLUTION ONLY	
5)	DATE OF DISSOLUTION		
6)	EXECUTION (Must be signed by at least one member or		
		Signature []	
	Karen M. Gunton	Kuenhh.	Manager
	CONTACT NAME (To recoive questions with this titing.)	DAYTIME PHONE NUMBER (Include area code.)	FEES
	Ewan W. Rose	<u>(503) 224-5858</u>	Required Processing Fee \$20
			Processing Fees are nonvalundable.
			Please ris.: a check payable to "Corpo allon Division."
			HOTE:
			Fees may be paid with VISA or MesterCard. The cond number and sopiration date should be submitted on a separate should be projection.
52 (i	Rev. 8/02)		

RECORDED: 05/30/2003

REEL: 002744 FRAME: 0320