Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:

NEW ASSIGNMENT

NATURE OF CONVEYANCE:

MERGER

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Quality Food Centers, Inc.		08/14/2004	CORPORATION:

RECEIVING PARTY DATA

Name:	Fred Meyer Stores, Inc.	
Street Address:	3800 S.E. 22nd Ave.	
City:	Portland	
State/Country:	OREGON	
Postal Code:	97242	
Entity Type:	CORPORATION:	

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2733050	QFC QUALITY FOOD CENTERS ADVANTAGE CARD

CORRESPONDENCE DATA

Fax Number: (415)983-1200

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 4159836318

Email: sftrademarks@pillsburywinthrop.com

Correspondent Name: Laura C. Gustafson Address Line 1: P.O. Box 7880

Address Line 2: Calendar/Docketing Department

Address Line 4: San Francisco, CALIFORNIA 94120-7880

NAME OF SUBMITTER:

Laura C. Gustafson

Total Attachments: 8

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TRADEMARK

REEL: 002934 FRAME: 0022

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TRADEMARK REEL: 002934 FRAME: 0023

DATE: 08/13/2004 DOCUMENT ID

200422601350

DESCRIPTION

MERGED OUT OF EXISTENCE (MEX)

FILING

EXPED

PENALTY

CERT

COPY .00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY ATTN: LISA VAIDO 887 SOUTH HIGH STREET COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1413489

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

QUALITY FOOD CENTERS, INC.

and, that said business records show the filing and recording of:

Document(s):

MERGED OUT OF EXISTENCE

Document No(s):

200422601350



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of August, A.D. 2004.

Ohio Secretary of State

TRADEMARK REEL: 002934 FRAME: 0024



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Solect One)

Mail Form to one of the Following:

PO Box 1390
Columbus, OH 43216
Requires an additional fee of \$100 ***

O No PO Box 1329 Columbus, OH 43216

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

1. SURVIVING ENTITY

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$125.00
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

Α.	. The name of the entity surviving the merger is:	
	Fred Meyer Stores, Inc.	
В.	Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:	
	(Complete only if name of surviving entity is changing through the merger)	
C.	The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)	
	Ď Domestic (Ohio) For-Profit Corporation, charter number 1413490	
	· Domestic (Ohio) Non-Profit Corporation, charter number	
	Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and licensed to transact business in the State of Ohio under license number	
	Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio,	
	· Domestic (Ohio) Limited Liability Company, with registration number	
	Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and registered to do business in the State of Ohio under registration number	
	Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the State of Ohio.	
	Domestic (Ohio) Limited Partnership, with registration number	
	Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of and registered to do business in the state of Ohio under registration number	

and NOT registered to do business in the state		state/country of	
☐ Domestic (Ohio) Partnership having limited	liability, with the registr	ation number	
☐ Foreign (Non-Ohio) Partnership having limit	ted liability organized ur	nder the laws of the	state/country of
	do business in the state		•
Foreign (Non-Ohio) Non-Profit incorporation unand licensed to transact business in the state of		,	
Foreign (Non-Ohio) Non-Profit incorporation un and not licensed to transact business in the sta		county of	
☐ General partnership not registered with the	state of Ohio		
II. MERGING ENTITY The name, charter/license/registration number, type respectively, of which is the entities merging out of eall merging entities, please attach a separate sheet (Please list the Ohio charter licenseiregistration)	existence are as follows listing the merging en	: (If this is insuffici	organization, ent space to reflect
Name / charter, license or registration number		of Organization	Type of Entity
Quality Food Centers, Inc.	Ohio/US	-	Corporation
(charter no. 1413489)		***************************************	
II. MERGER AGREEMENT ON FILE The name and mailing address of the person or entit	ty from whom/which elic	aible persons may o	obtain a copy of the
agreement of merger upon written request:	.,	, , , .	
Dorothy D. Roberts	c/o The Kr	oger Co., 1	014 Vine St.
(name)	(street) NOTE	E: P.O. Box Addresse	s are NOT acceptable.
Cincinnati	OH	45202	white the common common and commo
(city, village or township)	(state)	(zip cod	de)
7. EFFECTIVE DATE OF MERGER This merger is to be effective on: after the date of filing; the effective date of the merger specified, the date of filing will be the effective date of	er cannot be earlier tha	ied, the date must l n the date of filing,	
// MERGER AUTHORIZED The laws of the state or country under which each of this merger was adopted, approved and authorized of the state under which it is organized, and the persentities are duly authorized to do so.	by each of the constitu	ent entitles in comp	oliance with the laws

Paul W. Heldman			Kroger Co., 1014 Vine St.
(name)	(street) A	IOIE:	: P.O. Box Addresses are NOT acceptable.
Cincinnati	, Ohi	٥ _	45202 zip code)
(city, village or township)			
(This item MUST be completed if the surviving entity authorized to conduct business in the state of Ohio)	y is a foreign entity	y whi	ich is not licensed, registered or otherwise
VII. ACCEPTANCE OF AGENT	agent for the abov	ro rot	foranged curviving optity, baraby
The undersigned, named herein as the statutory acknowledges and accepts the appointment of s	statutory agent for	said	entity.
	Signature of Age	nt	Theel Files
(The acceptance of agent must be completed by the changed, or the named agent differs in any way from	e surviving entities In the name curren	if thi	rough this merger the statutory agent has n record with the Secretary of State.)
VIII. STATEMENT OF MERGER Upon filing, or upon such later date as specified listed surviving entity	herein, the mergin	g ent	tity/entities listed herein shall merge into the
IX. AMENDMENTS The articles of incorporation, articles of organizar having limited liability (circle appropriate term) of Attachments are provided	tion, certificate of I the surviving dom No Chan	estic	d partnership or registration of partnership entity have been amended.
X. QUALIFICATION OR LICENSURE OF FOREIG A. The listed surviving foreign corporation, band partnership, or partnership having limited liab bank, savings bank, savings and loan, limited limited liability, and hereby appoints the follo against the entity may be served in the state is:	k, savings bank, sa bility desires to tra id liability company wing as its statuto	aving nsact , limi ry ag	is and loan, limited liability company, limited t business in Ohio as a foreign corporation, ited partnership, or partnership having tent upon whom process, notice or demand
(name)	(stree	i) ^	NOTE: P.O. Box Addresses are NOT acceptable.
	Ob.i-		
(city, village or township)	, Ohio	zip coo	de)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

1. For (If th	lifying entity also states as follows: (C eign Notice Under Section 1703.031 he qualifying entity is a foreign bank, s at be completed.)		oan, then the follow	ing information	
(a.)	The name of the Foreign Nationally/F association is	ederally chartered bank, savi	ngs bank, or saving	s and loan	
(b.)	The name(s) of any Trade Name(s) ι	ander which the corporation w	vill conduct busines:	s:	
(c.)	The location of the main office (non-C	Ohio) shall be:			
	(street address)	NOTE: P.O. Bo	x Addresses are NOT	acceptable.	
	(city, township, or village)	(county)	(state)	(zip code)	
(d.)	The principal office location in the state of Ohio shall be:				
	(street address)	NOTE: P.O. Bo	x Addresses are NOT	acceptable.	
	(city, township, or village)	(county)	Ohio (state)	(zip code)	
	(Please note, if there will not be an	•	please list none.)		
(e.)	The corporation will exercise the follo (Please provide a brief summary of the	wing purpose(s) in the state one business to be conducted;	of Ohio: a general clause is	not sufficient)	
2. For	eign Qualifying Limited Liability Co e qualifying entity is a foreign limited l	mpany iability company, the following	g information must t	oe completed.)	
(a.)	The name of the limited liability comp	any in its state of organization	n/registration is		
(b.)	The name under which the limited lia	bility company desires to tran	sact business in Of	nio is	
(c.)	The limited liability company was organized to law of the state/country of		•		

	(street address)	NOTE: P.O.	Box Addresses are NOT	acceptable.
	(city, township, or village)		(state)	(zìp code
	eign Qualifying Limited Partnershi		T C	
	he qualifying entity is a foreign limited		itormation must be co	mpleted).
(a.)	The name of the limited partnership	IS		
(b.)	The limited partnership was formed	on		
(c.)	The address of the office of the limit	ed partnership in its state/co	ountry of organization	is:
	(street address)	NOTE: P.O. I	Box Addresses are NOT	acceptable.
	(city, township, or village)	(county)	(state)	(zip code
(d)	The limited partnership's principal of		(2.2.0)	(2.0
(4.)	The singled partner of the principal of	noo dadrooo isi		
	(street address)	NOTE: P.O. I	Box Addresses are NOT	acceptable.
	(city, township, or village)	(county)	(state)	(zip code
(e.)	The names and business or resident follows:	ce addresses of the Genera	partners of the partn	ership are as
	Name	Address		
,				
ufficie	ent space to cover this item, please attach a s	separate sheet listing the general p	partners and their respective	e addresses)
٠,	The address of the office where a lis limited partners and their respective			ses of the
	(street address)	NOTE: P.O. E	Box Addresses are NOT a	cceptable.

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

	eign Qualifying Partnership Having		
a.)	The name of the partnership shall be	3	
(b.)	Please complete the following appropriate the following approximate th	priate section (either item b(I) or b(2)):	
	(1.) The address of the partnership's	s principal office in Ohio is:	
	(street address)	NOTE: P.O. Box Addresses are NOT ac	cceptable.
		, Ohio	Wante
	(city, village or township)	(zip code	·)
f ti	he partnership does not have a prii	incipal office in Ohio, then items b2 must be co	mpleted)
	(2.) The address of the partnership's	s principal office (Non-Onio):	
	(street address)	NOTE: P.O. Box Addresses are NOT ac	ceptable.
	(street address) (city, township, or village)	NOTE: P.O. Box Addresses are NOT ac	
>.)	(city, township, or village)		
>.)	(city, township, or village)	(state)	
>-)	(city, township, or village) The name and address of a statutory	(state)	(zip code
S.)	(city, township, or village) The name and address of a statutory (name)	(state) y agent for service of process in Ohio is as follows: NOTE: P.O. Box Addresses are NOT ac	(zip code
S.)	(city, township, or village) The name and address of a statutory (name)	(state) y agent for service of process in Ohio is as follows:	zip cod
	(city, township, or village) The name and address of a statutory (name) (street address) (city, village or township)	(state) y agent for service of process in Ohio is as follows: NOTE: P.O. Box Addresses are NOT ac	(zip code
	(city, township, or village) The name and address of a statutory (name) (street address) (city, village or township) Please indicate the state or jurisdiction	y agent for service of process in Ohio is as follows: NOTE: P.O. Box Addresses are NOT ac, Ohio	(zip code
d.)	(city, township, or village) The name and address of a statutory (name) (street address) (city, village or township) Please indicate the state or jurisdiction	y agent for service of process in Ohio is as follows: NOTE: P.O. Box Addresses are NOT ac, Ohio	(zip code

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Fred Meyer Stores, Inc.	Quality Food Centers, Inc.
(Exact name of entity)	(Exact name of entity)
By: taul Heren	By: faul Deek
Hs: Paul W. Heldman, Vice President	lts: Paul W. Heldman, Vice President
Date: august 11, 2084	Date: <u>August 11, 2004</u>
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
lts:	lts:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	Ву:
lts:	lts:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
lts:	lts:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	Ву:
lts:	Its:
Date:	Date:

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Last Revision: May 2002

RECORDED: 09/10/2004