Electronic Version v1.1 Stylesheet Version v1.1

NEW ASSIGNMENT
MERGER
01/01/2004

CONVEYING PARTY DATA

Name	Formerly Execution Date		Entity Type
NEW HOLLAND NORTH AMERICA, INC.		12/10/2003	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Case, LLC
Street Address:	700 State Street
City:	Racine
State/Country:	WISCONSIN
Postal Code:	53404
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2691822	NEW HOLLAND

CORRESPONDENCE DATA

Fax Number: (312)554-8015

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

Email: bcohn@pattishall.com

Correspondent Name: Bradley L. Cohn

Address Line 1: 311 S. Wacker Drive, Suite 5000
Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	14600-00075
NAME OF SUBMITTER:	Bradley Cohn
Signature:	/bradleycohn/
Signature:	/bradleycohn/

TRADEMARK
REEL: 003205 FRAME: 0136

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Date:	12/06/2005
Total Attachments: 3	
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TRADEMARK REEL: 003205 FRAME: 0137



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"NEW HOLLAND NORTH AMERICA, INC.", A DELAWARE CORPORATION, WITH AND INTO "CASE, LLC" UNDER THE NAME OF "CASE, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE SIXTEENTH DAY OF DECEMBER, A.D. 2003, AT 3:58 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



2396863 B100M

030810267

AUTHENTICATION: 2820158

DATE: 12-17-03

TRADEMARK REEL: 003205 FRAME: 0138

STATE OF DELAWARE CERTIFICATE OF MERGER OF DOMESTIC CORPORATION INTO DOMESTIC LIMITED LIABILITY COMPANY

DESAU - MONATI C T System Dalins

State of Delaware Secretary of State Division of Corporations Delivered 03:58 PM 12/16/2003 FILED 03:58 PM 12/16/2003 SRV 030810267 - 2396863 FILE

be signed by	an authorized per		lity company has day of _	December		A.D.
2003	4, 6 .	•		•	٠.	
•	•		· 4 level			
		Ву:			•	
	•		Authorized P	erson	•	_
				•		•
	•	Name:_1	Michel Lecomte	,		
			Print or Typ	e ;		
•		Tide: C	hief Financial Office			

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