

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2005

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
COOPER INDUSTRIES, INC.		12/15/2004	CORPORATION: OHIO

RECEIVING PARTY DATA

Name:	COOPER INDUSTRIES, LLC
Street Address:	600 TRAVIS, SUITE 5800
City:	HOUSTON
State/Country:	TEXAS
Postal Code:	77002
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 32

Property Type	Number	Word Mark
Registration Number:	1032867	KYLE
Registration Number:	628170	ARROW-HART
Registration Number:	1042740	KRYDON
Registration Number:	1992377	EX
Registration Number:	1417222	ARC-STRANGLER
Registration Number:	2083062	CROUSE-HINDS
Registration Number:	1092006	COOPER
Registration Number:	664339	CROUSE HINDS
Registration Number:	2247202	COOPER
Registration Number:	872492	LEKTRALINK
Registration Number:	1565753	CHAMP
Registration Number:	264407	C H CO
Registration Number:	2311593	OMNI-BUSS

CH \$815.00 1032867

Registration Number:	1579865	KYLE
Registration Number:	1130748	NXC
Registration Number:	895891	CAM-LOK
Registration Number:	2383607	GARDOTRANS
Registration Number:	1632939	POSI-LOK
Registration Number:	1155576	CHICO
Registration Number:	285774	FERALOY
Registration Number:	1175914	COMPANION
Registration Number:	1190494	AUTO-BOOSTER
Registration Number:	1711293	COOPER
Registration Number:	1734536	VARIGAP
Registration Number:	2655205	
Registration Number:	1739310	EDISOL
Registration Number:	1239272	CORRO-GARD
Registration Number:	2726372	COOPER WIRING DEVICES
Registration Number:	980922	NX
Registration Number:	781983	SCRU-TITE
Registration Number:	1349041	STORM TRAPPER
Registration Number:	1021000	HART-LOCK

CORRESPONDENCE DATA

Fax Number: (713)209-8980
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 7132098783
Email: YRUEGAS@COOPERINDUSTRIES.COM
Correspondent Name: LUPE YRUEGAS
Address Line 1: 600 TRAVIS, SUITE 5800
Address Line 4: HOUSTON, TEXAS 77002

ATTORNEY DOCKET NUMBER:	MERGERCIITOLLC
NAME OF SUBMITTER:	LUPE YRUEGAS
Signature:	/LUPE YRUEGAS/
Date:	07/13/2006

Total Attachments: 12
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Delaware

PAGE 1

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:

"COOPER INDUSTRIES, INC.", A OHIO CORPORATION,

WITH AND INTO "COOPER INDUSTRIES, LLC" UNDER THE NAME OF "COOPER INDUSTRIES, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE SEVENTEENTH DAY OF DECEMBER, A.D. 2004, AT 10:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2005, AT 12:05 O'CLOCK A.M.



3847751 8100M

050014958

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3602546

DATE: 01-07-05

TRADEMARK
REEL: 003347 FRAME: 0796

CERTIFICATE OF MERGER

OF

Cooper Industries, Inc.

INTO

Cooper Industries, LLC

Pursuant to Sec. 18-209 of the Delaware Limited Liability Company Act, the undersigned surviving limited liability company submits the following Certificate of Merger for filing and certifies that:

FIRST: The name and jurisdiction of formation or organization of each of the limited liability companies or other business entities that are merging is:

<u>Name</u>	<u>Jurisdiction</u>
Cooper Industries, Inc.	Ohio
Cooper Industries, LLC	Delaware

SECOND: A Merger Agreement has been approved and executed by each of the domestic limited liability companies or other business entities which are to merge.

THIRD: The name of the surviving limited liability company is: Cooper Industries, LLC.

FOURTH: The merger shall become effective on 12:05 a.m., January 1, 2005.

FIFTH: The Merger Agreement is on file at a place of business of the surviving limited liability company which is located at: Cooper Industries, LLC, 600 Travis, Suite 5800, Houston, TX 77002

SIXTH: A copy of the Merger Agreement will be furnished by the surviving limited liability company, on request and without cost, to any member of any domestic limited liability company or any person holding an interest in any other business entity which is to merge.

IN WITNESS WHEREOF, this Certificate of Merger has been duly executed as of the 15 day of December, 2004, and is being filed in accordance with Sec. 18-209 of the Act by an authorized person of the surviving limited liability company in the merger.

COOPER INDUSTRIES, LLC

By: Terrance V. Helz
Terrance V. Helz
Secretary

200435503150

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/20/2004	200435503150	MERGED OUT OF EXISTENCE (MEX)	125.00	100.00	.00	.00	.00

Receipt

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

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

51595

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

COOPER INDUSTRIES, INC.

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

Document(s):

MERGED OUT OF EXISTENCE

Document No(s):

200435503150



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 1st day of January, A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State

**TRADEMARK
REEL: 003347 FRAME: 0798**



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3918

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

www.state.oh.us/sos

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

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:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Cooper Industries, LLC

B. 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)**

Domestic (Ohio) For-Profit Corporation, charter number _____

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 Delaware 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 _____

- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) Partnership having limited liability, with the registration number _____
- Foreign (Non-Ohio) Partnership having limited liability 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) Non-Profit incorporation under the laws of the state/country of _____ and licensed to transact business in the state of Ohio under license number _____
- Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of _____ and not licensed to transact business in the state of Ohio.
- General partnership not registered with the state of Ohio

II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

(Please list the Ohio charter, license/registration no. below)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Cooper Industries, Inc. Charter No. 51595	Ohio	Corporation

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Terrance V. Heitz (name)	Cooper Industries, LLC, 600 Travis, Suite 5800 (street) <small>NOTE: P.O. Box Addresses are NOT acceptable.</small>
Houston (city, village or township)	TX 77002 (state) (zip code)

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: 12:05 am-1/1/2005 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CT Corporation System, 1300 East Ninth Street
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.
Cleveland, Ohio 44114
(city, village or township) (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

- Attachments are provided
No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.
, Ohio
(city, village or township) (zip code)

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.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationality/Federally chartered bank, savings bank, or savings and loan association is _____

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business: _____

(c.) The location of the main office (non-Ohio) shall be:

(street address) *NOTE: P.O. Box 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. Box Addresses are NOT acceptable.*

(city, township, or village) (county) **Ohio** (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:

(Please provide a brief summary of the business to be conducted; a general clause is not sufficient.)

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is _____

(b.) The name under which the limited liability company desires to transact business in Ohio is _____

(c.) The limited liability company was organized or registered on _____
under the laws of the state/country of _____

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(state)

(zip code)

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

(b.) The limited partnership was formed on _____

(c.) The address of the office of the limited partnership in its state/country of organization is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(county)

(state)

(zip code)

(d.) The limited partnership's principal office address is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(county)

(state)

(zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name

Address

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses.)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(county)

(state)

(zip code)

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

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

_____, Ohio _____
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

_____, _____, _____
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

(name)

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

_____, Ohio _____
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e.) The business which the partnership engages in is:

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.

Cooper Industries, LLC
(Exact name of entity)

By: [Signature]

Its: Secretary

Date: December 15, 2004

Cooper Industries, Inc.
(Exact name of entity)

By: [Signature]

Its: Vice President, Taxes

Date: December 15, 2004

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

Cooper Industries, Inc.

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

AGENCY
Ohio Department of Taxation
Dissolution Section
Box 182382
Columbus, Ohio 43218-2382

DATE NOTIFIED
12-17-04

Ohio Job and Family Services
Status & Liability Section
P.O. 182404
Columbus, Ohio 43218-2404

12-17-04

The treasurer of any County named below:

Cuyahoga

12-17-04

Hamilton

12-17-04

Ashtabula

12-17-04

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

12-17-04

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: E. Daniel Leightman

Title: Vice President, Taxes

Name: E. Daniel Leightman

600 Travis, Suite 5800

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Houston

(City)

Texas

(State)

77002

(Zip Code)

Sworn before me and subscribed in my presence on

December 17, 2004

(Date)



(Notary Seal)

Barbara A. Widra

(Notary Public)

Commission Expires

10-7-2006

(Date)

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF TEXAS

County of Harris :SS

E. Daniel Leightman, being first duly sworn, deposes and says that she/he is

Vice President, Taxes of Cooper Industries, Inc.

that this affidavit is made in compliance with section 1701.95 of the ORC:
(Section #)

That said corporation has (Check one of the following)

A. has no personal property in any county in the State of Ohio:

B. personal property only in the following county(ies)

Cuyahoga Hamilton Ashtabula

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: E. Daniel Leightman

Name: E. Daniel Leightman

Sworn before me and subscribed in my presence on December 17, 2004
(Date)



(Notary Seal)

Barbara A. Widra
(Notary Public)

Commission Expires 10-7-2006
(Date)