

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Daymark Acquisitions LLC		03/08/2007	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Dissolvo LLC		
<b>Street Address:</b>	12830 S. Dixie Highway		
<b>City:</b>	Bowling Green		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43402		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2487526	DISSOLVO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(419)243-8502		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	419 243-1294		
<b>Email:</b>	essp@essp-law.com		
<b>Correspondent Name:</b>	Philip M. Rice		
<b>Address Line 1:</b>	Emch, Schaffer, Schaub & Porcello Co.LPA		
<b>Address Line 2:</b>	One SeaGate, Suite 1980, P.O. Box 916		
<b>Address Line 4:</b>	Toledo, OHIO 43697-0916		
<b>ATTORNEY DOCKET NUMBER:</b>	DAYM-9		
<b>NAME OF SUBMITTER:</b>	Philip M. Rice		
<b>Signature:</b>	/Philip M. Rice/		

OP \$40.00 2487526

Date:

05/24/2007

**Total Attachments: 3**

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\*200707200352\*

DATE:	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
03/13/2007	200707200352	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

**Receipt**

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

TWYMAN, TEN BRINK, HARMS & SHARP  
519 W WOOSTER ST, CENTER STE  
BOWLING GREEN, OH 43402

**STATE OF OHIO**  
**CERTIFICATE**  
Ohio Secretary of State, Jennifer Brunner

1680495

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

**DISSOLVO LLC**

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

Document(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200707200352



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 12th day of March, A.D. 2007.

A handwritten signature in cursive script, reading "Jennifer Brunner".

Ohio Secretary of State

**TRADEMARK**  
**REEL: 003548 FRAME: 0415**



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

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

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of  
 Amendment / Restatement / Correction**  
*(Domestic or Foreign)*  
 Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<b>(1) Domestic Limited Liability Company</b> <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA)  February 26, 2007 _____ (Date of Organization)	<b>(2) Foreign Limited Liability Company</b> <input type="checkbox"/> Correction (135-LFC)  _____ (Home State)
_____ (Qualifying in Ohio on MM/DD/YY)	

The undersigned authorized representative of DayMark Acquisitions LLC 1680495  
 (Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company  Amend  Restate  Correct the following:

**Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.**

**FIRST:** The name of said limited liability company shall be:  
Dissolvo LLC  
 (the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

**SECOND: (OPTIONAL)** This limited liability company shall exist for a period of \_\_\_\_\_

**THIRD:** The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is **(OPTIONAL)** :

\_\_\_\_\_  
 (street address) **NOTE: P.O. Box Addresses are NOT acceptable.**  
 \_\_\_\_\_  
 (city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

**FOURTH: Purpose (OPTIONAL)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

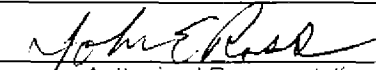
\_\_\_\_\_  
(City, village or township) **Ohio** \_\_\_\_\_  
(State) (Zip Code)

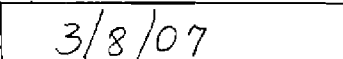
The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,**
- B. the limited liability company fails to designate another agent when required to do so, or,**
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.**

**REQUIRED**

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

  
\_\_\_\_\_  
Authorized Representative

  
\_\_\_\_\_  
Date

John E. Ross, Manager  
\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)