

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Allied Services Group, Inc.		11/21/2005	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Allied Reliability Inc.		
Street Address:	4360 Corporate Road		
Internal Address:	Suite 110		
City:	Charleston		
State/Country:	SOUTH CAROLINA		
Postal Code:	29405		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78744548	ALLIED	
CORRESPONDENCE DATA			
Fax Number:	(937)443-6635		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	937-443-6949		
Email:	trademarks@thompsonhine.com		
Correspondent Name:	Mark P. Levy		
Address Line 1:	P.O. Box 8801		
Address Line 4:	Dayton, OHIO 45401-8801		
ATTORNEY DOCKET NUMBER:	411888-001US1		
NAME OF SUBMITTER:	Mark P. Levy		
Signature:	/mark p levy/		
Date:	10/19/2007		

OP \$40.00 78744548

Total Attachments: 3

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/22/2005	200535601218	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

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

THOMPSON HINE LLP
 ATTN: CAROL R. RUSSELL
 10 W. BROAD ST., #700
 COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

CP8627

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

ALLIED RELIABILITY INC.

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

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200535601218

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 December,
 A.D. 2005.

J. Kenneth Blackwell
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

www.state.oh.us/sos

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

Expedite this Form: (Select One)

- Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit

Amended
(122-AMAP)

Amendment
(125-AMDS)

(2) Domestic Non-Profit

Amended
(126-AMAN)

Amendment
(128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation Allied Services Group, Inc.

Charter Number CP8627

Name of Officer John Langhorne

Title President

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*non-profit amended articles only*)

members was duly called and held on _____
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*non-profit amended articles only*)
 members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Allied Reliability Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

_____ (city, village or township)

_____ (county)


THIRD: The purposes of the corporation are as follows:

[Empty box for purposes of the corporation]

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED

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



Authorized Representative

11/21/05

Date

John Langhorne

(Print Name)

President

Authorized Representative

(Print Name)

Date