

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
PACCESS		12/01/2006	PARTNERSHIP: OREGON

RECEIVING PARTY DATA

Name:	PACCESS LLC
Street Address:	700 NE Multnomah St.
Internal Address:	Suite 1600
City:	Portland
State/Country:	OREGON
Postal Code:	97232
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Registration Number:	2129072	PACCESS
Registration Number:	2146228	PACCESS
Registration Number:	2235006	PACCESS
Registration Number:	2120092	
Registration Number:	2120091	
Registration Number:	2235007	

CORRESPONDENCE DATA

Fax Number: (206)359-9000
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: (206) 359-8000
 Email: pctrademarks@perkinscoie.com
 Correspondent Name: Heidi L. Sachs
 Address Line 1: 1201 Third Avenue
 Address Line 2: Suite 4800
 Address Line 4: Seattle, WASHINGTON 98101

TRADEMARK

900089796

REEL: 003643 FRAME: 0282

CH \$165.00 2129072

ATTORNEY DOCKET NUMBER:	24414-4000
NAME OF SUBMITTER:	Heidi L. Sachs
Signature:	/Heidi Sachs/
Date:	10/19/2007

Total Attachments: 9

source=PACCESS Conversion Document#page1.tif
source=PACCESS Conversion Document#page2.tif
source=PACCESS Conversion Document#page3.tif
source=PACCESS Conversion Document#page4.tif
source=PACCESS Conversion Document#page5.tif
source=PACCESS Conversion Document#page6.tif
source=PACCESS Conversion Document#page7.tif
source=PACCESS Conversion Document#page8.tif
source=PACCESS Conversion Document#page9.tif

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF AN OREGON GENERAL PARTNERSHIP UNDER THE NAME OF "PACCESS" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "PACCESS" TO "PACCESS LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF DECEMBER, A.D. 2006, AT 4:49 O'CLOCK P.M.



4260354 8100V
061099280

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5241635

DATE: 12-01-06

TRADEMARK
REEL: 003643 FRAME: 0284

STATE OF DELAWARE

CERTIFICATE OF CONVERSION
FROM A PARTNERSHIP TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the Partnership first formed is the State of Oregon.
2. The jurisdiction immediately prior to filing this Certificate of Conversion is the State of Oregon.
3. The date the Partnership first formed is September 1, 1995.
4. The name of the Partnership immediately prior to filing this Certificate of Conversion is Paccess.
5. The name of the Partnership as set forth in the Certificate of Formation is Paccess LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion on the 30th day of September, 2006.

By: Harve J Bellos
Authorized Person
Name: Harve J. Bellos

Delaware

PAGE 2

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "PACCESS LLC" FILED IN THIS OFFICE ON THE FIRST DAY OF DECEMBER, A.D. 2006, AT 4:49 O'CLOCK P.M.



4260354 8100V

061099280

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5241635

DATE: 12-01-06

TRADEMARK
REEL: 003643 FRAME: 0286

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:54 PM 12/01/2006
FILED 04:49 PM 12/01/2006
SRV 061099280 - 4260354 FILE

STATE OF DELAWARE

**LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION**

First: The name of the limited liability company is Paccess LLC.

Second: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, County of New Castle, State of Delaware 19808.

The name of its Registered agent at such address is: Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 30th day of September, 2006.

By: _____

Harve J. Bellos

Authorized Person
Name: Harve J. Bellos

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACCESS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACCESS LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4260354 8300
061099280

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5241636

DATE: 12-01-06

TRADEMARK
REEL: 003643 FRAME: 0288



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
Fax:(503)378-4381
www.filinginoregon.com

Registry Number: 398617-94
Type: FOREIGN LIMITED LIABILITY COMPANY

Next Renewal Date: 12/04/2007

PACCESS LLC, A DELAWARE LIMITED ...
PACCESS LLC
1120 NW COUCH ST 10TH FL
PORTLAND OR 97209-4128

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

Document

APPLICATION FOR AUTHORITY

Filed On
12/04/2006

Jurisdiction
DELAWARE

Name

PACCESS LLC, A DELAWARE LIMITED LIABILITY COMPANY

Principal Place of Business

700 NE MULTNOMAH ST STE 1600
PORTLAND OR 97232-4111

Registered Agent

CORPORATION SERVICE COMPANY
285 LIBERTY ST NE
SALEM OR 97301-3865

Mailing Address

PACCESS LLC
1120 NW COUCH ST 10TH FL
PORTLAND OR 97209-4128

SALPOO
ACK
12/04/2006

TRADEMARK
REEL: 003643 FRAME: 0289



Phone: (503) 988-2200
 Fax: (503) 378-4381

Application for Authority to Transact—Foreign Limited Liability Company

Secretary of State
 Corporation Division
 255 Capitol St. NE, Suite 151
 Salem, OR 97310-1327
 FilingInOregon.com

FILED

DEC 04 2006

OREGON
 SECRETARY OF STATE

REGISTRY NUMBER:

398617-94

For office use only

In accordance with Oregon Revised Statute 182.410-182.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME Paccess LLC, a Delaware limited liability company

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name on the Certificate of Existence. See #3.

2) STATE OR COUNTRY OF ORGANIZATION

Delaware

Date of Organization: December 1, 2006

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS

700 NE Multnomah St., Suite 1600

Portland, OR 97232-4111

3) CERTIFICATE OF EXISTENCE

An original certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the organization, is attached.

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

Paccess LLC

1120 NW Couch St., 10th Floor

Portland, OR 97209-4128

4) DURATION (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

10) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

8) NAME OF OREGON REGISTERED AGENT

Corporation Service Company

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

285 Liberty St. NE

Salem, OR 97301-3865

11) EXECUTION (At least one member or manager must sign.)

Signature

Harve J Bellos

Printed Name

Harve J. Bellos

Title

Manager

12) CONTACT NAME (To resolve questions with this filing.)

Debra L. Bergstrom

DAYTIME PHONE NUMBER (include area code.)

503.727.2016

FEES

Required Processing Fee \$50
 Confirmation Copy (Optional) \$5

Processing Fees are non-refundable.
 Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

Delaware

The First State

FILED

DEC 04 2006

OREGON
SECRETARY OF STATE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PACCESS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACCESS LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



4260354 8300
061099280

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5241636

DATE: 12-01-06

TRADEMARK
REEL: 003643 FRAME: 0291



Phone: (503) 988-2200
Fax: (503) 378-4381

Assumed Business Name - Amendment

Secretary of State
Corporation Division
256 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED

DEC 04 2006

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 207169-99

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

To change business name use new registration, Form 101.

1) ASSUMED BUSINESS NAME: PACCESS, an Oregon partnership

2) DESCRIPTION OF BUSINESS: Packaging

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip):
700 NE Multnomah St., Suite 1600
Portland, OR 97232-4111

4) NAME OF AUTHORIZED REPRESENTATIVE (One name only):
CONTINUING NEW

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:
1120 NW Couch St., Tenth Floor
Portland, OR 97209-4128

6) REGISTRANTS (List name and publicly available street address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Street Address)	CONTINUING REGISTRANTS (Name, Street Address)	WITHDRAWING REGISTRANTS
<u>Paccess LLC</u>		<u>HEBLH, Inc.</u>
<u>700 NE Multnomah St.</u>		<u>700 NE Multnomah St.</u>
<u>Suite 1600</u>		<u>Suite 1600</u>
<u>Portland OR 97232-4111</u>		<u>Portland OR 97232-4111</u>

7) COUNTIES

<input checked="" type="checkbox"/> ALL COUNTIES (Statewide)	<input type="checkbox"/> Baker	<input type="checkbox"/> Crook	<input type="checkbox"/> Harney	<input type="checkbox"/> Lake	<input type="checkbox"/> Morrow	<input type="checkbox"/> Union
	<input type="checkbox"/> Benton	<input type="checkbox"/> Curry	<input type="checkbox"/> Hood River	<input type="checkbox"/> Lane	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wallowa
	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk	<input type="checkbox"/> Wasco
	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Douglas	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Linn	<input type="checkbox"/> Sherman	<input type="checkbox"/> Washington
	<input type="checkbox"/> Columbia	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Josephine	<input type="checkbox"/> Malheur	<input type="checkbox"/> Tillamook	<input type="checkbox"/> Wheeler
	<input type="checkbox"/> Coos	<input type="checkbox"/> Grant	<input type="checkbox"/> Klamath	<input type="checkbox"/> Marion	<input type="checkbox"/> Umatilla	<input type="checkbox"/> Yamhill

8) SIGNATURES Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign.

PACCESS LLC HEBLH, INC.

By: Harve J. Bellios By: Harve J. Bellios

Harve J. Bellios, President Harve J. Bellios, President

9) CONTACT NAME (To resolve questions with this filing.) Debra Bergstrom DAYTIME PHONE NUMBER (include area code.) 503.727.2018

FEES
No Processing Fee Confirmation Copy (Optional) \$5.

102 (Rev. 1/03)