


Form PTO-1594 (Rev. 10-08)  
OMB Collection 0651-0027 (exp. 11/30/2008)U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<b>1. Name of conveying party(ies):</b>  Trans-Coil, Inc.  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation- State: <u>Wisconsin</u> <input type="checkbox"/> Other _____ Citizenship (see guidelines) _____ Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Name: <u>TCI Holdings, LLC</u> Internal Address: _____ Street Address: <u>7878 North 86th Street</u> City: <u>Milwaukee</u> State: <u>Wisconsin</u> Country: <u>United States</u> Zip: <u>53224</u> <input type="checkbox"/> Association    Citizenship _____ <input type="checkbox"/> General Partnership    Citizenship _____ <input type="checkbox"/> Limited Partnership    Citizenship _____ <input type="checkbox"/> Corporation    Citizenship _____ <input checked="" type="checkbox"/> Other <u>LLC</u> Citizenship <u>Wisconsin</u> If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment)	
<b>3. Nature of conveyance )/Execution Date(s) :</b> Execution Date(s) <u>July 25, 2008</u> <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____			
<b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b> A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>3,096,683 and 1,777,035</u> Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): <u>H5 and Harmonic Guard Trademarks</u>			
<b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b> Name: <u>James G. DeJong</u> Internal Address: <u>O'Neill Cannon Hollman DeJong S.C.</u> Street Address: <u>111 East Wisconsin Avenue, Ste. 1400</u> City: <u>Milwaukee</u> State: <u>wi</u> Zip: <u>53202</u> Phone Number: <u>(414) 276-5000</u> Fax Number: <u>(414) 276-6581</u> Email Address: <u>Jim.Dejong@wilaw.com</u>		<b>6. Total number of applications and registrations involved:</b> <span style="border: 1px solid black; padding: 2px;">2</span>	
		<b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41)</b> <u>\$ 65.00</u> <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed	
		<b>8. Payment Information:</b> Deposit Account Number _____ Authorized User Name _____	
<b>9. Signature:</b>  Signature James G. DeJong Name of Person Signing		Date <u>11/4/08</u> Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">6</span>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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TRADEMARK  
REEL: 003882 FRAME: 0441

OP \$65.00 3096683

Sec.179.77, 180.1105,  
181.1105 & 183.1204,  
Wis Stats

**State of Wisconsin**  
**Department of Financial Institutions**  
Division of Corporate & Consumer Services



**Articles of Merger**

**Surviving Entity**

Name: TCI HOLDINGS, LLC  
Org ID: T046103  
Entity Type: Limited Liability Company  
Jurisdiction: WI

**Non Surviving Entity**

Name: TRANS-COIL, INC.  
Org ID: 1T05492  
Entity Type: Business Corporation  
Jurisdiction: WI

**Real Estate**

Non-Survivor Name(s)  TRANS-COIL, INC.	Does the entity have a fee simple ownership interest in any Wisconsin real estate immediately prior to the merger?  No
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**Plan of Merger**

Plan Of Merger

**Method Of Approval**

The plan of merger document was approved by each entity that is a party to the merger in the manner required by the laws applicable to each entity, and in accordance with ss.180.1103, 180.1104, 181.1103, 181.1104 and 183.1202, if applicable.

**Drafter:**

This document was drafted by: Patricia L. Falb

**Delayed Effective Date**

7/25/2008 12:30:00 PM

**Signature**

Signature: Steven A. Copp  
Title: Manager

**Contact Person**

TRADEMARK

REEL: 003882 FRAME: 0442

**Angela Serio**  
780 North Water Street  
Milwaukee, WI 53202  
United States of America  
aserio@gklaw.com  
414-287-9221

**Endorsement**

Received Date: 7/25/2008 12:29:00 PM  
Delayed Effective Date: 7/25/2008 12:30:00 PM  
Filed Date: 7/28/2008  
Filing Fee: \$150.00  
Expedite Fee: \$25.00  
**Total Fee: \$175.00**  
Comments:

Articles of Merger, merging TRANS-COIL, INC. (WI CORP)(NON-SURVIVOR) into TC HOLDINGS, LLC (WI LLC)(SURVIVOR) Effective Date:  
July 25, 2008 OOS# 20087251598387 \$150.00 & \$25.00 exp fee

Sec. 179.77,  
180.1105,  
181.1105, and  
183.1204 Wis. Stats.

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



## ARTICLES OF MERGER

### 1. Non-Surviving Parties to the Merger:

Company Name: Trans-Coil, Inc.		
Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input checked="" type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See <b>Exception</b> below <input type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of  WI  (state or country)

Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

Yes  No

If yes, the surviving entity is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Company Name:		
Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See <b>Exception</b> below <input type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of   (state or country)

Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

Yes  No

If yes, the surviving entity is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Schedule more non-surviving parties as an additional page and indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate.

### 2. Surviving Entity:

Company Name: TCI Holdings, LLC		
Indicate (X) Entity Type	<input type="checkbox"/> Limited Partnership (Ch. 179, Wis. Stats.) <input type="checkbox"/> Business Corporation (Ch. 180, Wis. Stats.) See <b>Exception</b> below <input type="checkbox"/> Nonstock Corporation (Ch. 181, Wis. Stats.) <input checked="" type="checkbox"/> Limited Liability Company (Ch. 183, Wis. Stats.)	Organized under the laws of  WI  (state or country)

**EXCEPTION:** If the merger involves only Chapter 180 business corporations, use form 2001.

**FILING FEE - \$150.00**

DFI/CORP/2000(R12/06)

**TRADEMARK**  
**REEL: 003882 FRAME: 0444**

3. Indicate below if the surviving entity is an indirect wholly owned subsidiary or parent:

The surviving entity is a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent and the merger was approved in accordance with sec. 180.11045 and the requirements of sec. 180.11045(2) have been satisfied.

The surviving entity is not a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent.

4. The Plan of Merger included in this document was approved by each entity that is a party to the merger in the manner required by the laws applicable to each entity, and in accordance with ss. 180.1103, 180.1104, 181.1103, 181.1104 and 183.1202, if applicable.

CONTINGENCY STATEMENT – The surviving entity of this merger is a domestic or foreign nonstock corporation. The Plan of Merger included in this document was approved by each entity that is a party to the merger in the manner required by the laws applicable to each entity, and in accordance with ss. 180.1103, 180.1104 and 183.1202, if applicable, and by a person other than the members or the board, if the approval of such person is required under s. 181.1103(2)(c).

The approval of members is not required, and the Plan of Merger was approved by a sufficient vote of the board.

The number of votes cast by each class of members to approve the Plan of Merger were sufficient for approval by that class.

Membership Class	Number of Memberships Outstanding	Number of Votes Entitled to be Cast	For	Against

(Append or attach the PLAN OF MERGER, (Optional Plan of Merger template on Pages 3 & 4)

5. (OPTIONAL) Effective Date and Time of Merger

These articles of merger, when filed, shall be effective on 7/25/2008 (date) at 10:00 a.m. (time).

(An effective date declared under this article may not be earlier than the date the document is delivered to the department for filing, nor more than 90 days after its delivery. If no effective date and time is declared, the effective date and time will be determined by ss. 179.11(2), 180.0123, 181.0123 or 183.0111, whichever section governs the surviving domestic entity.)

6. Executed on 7/25/08 (date) by the surviving entity on behalf of all parties to the merger.

Steve A Copp  
(Signature)

Mark (X) below the title of the person executing the document.

Steve A Copp  
(Printed Name)

For a limited partnership  
Title:  General Partner

For a corporation

For a limited liability company  
Title:  Member OR  Manager

Title:  President OR  Secretary  
or other officer title \_\_\_\_\_

This document was drafted by: Patricia L. Falb  
(Name the individual who drafted the document)

Fee simple ownership interest  Yes  No (for DFI use only)

ARTICLES OF MERGER

Angela Serio, Paralegal  
Godfrey & Kahn, S.C.  
780 North Water Street  
Milwaukee, WI 53202

▲ Enter your return address within the bracket above.

Phone number during the day: ( 414 ) 287 - 9221

**INSTRUCTIONS** (Ref. Sec. 179.77, 180.11045, 180.1105, 181.1105, and 183.1204, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee of \$150.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under sec. 179.14(1g)(c), 180.0103(16), 181.0103(23) or 183.0107(1g)(c).

**Mailing Address:**

Department of Financial Institutions  
Division of Corporate & Consumer  
Services  
P O Box 7846  
Madison WI 53707-7846

**Physical Address for Express Mail:**

Department of Financial Institutions  
Division of Corporate & Consumer  
Services  
345 W. Washington Ave -- 3<sup>rd</sup> Fl.  
Madison WI 53703

Phone: 608-261-7577  
FAX: 608-267-6813  
TTY: 608-266-8818

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the company name, type of entity, and state of organization of each non-surviving party to the merger. Definitions of foreign entity types are set forth in ss. 179.01(4), 180.0103(9), 181.0103(13) and 183.0102(8), Wis. Stats. Select yes or no to indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate. See sec. 73.14 and 77.25, Wis. Stats., or contact the Wisconsin Department of Revenue at (608)266-1594 for questions regarding fee simple ownership interest and the filing requirements with that department.
2. Enter the company name, type of entity, and state of organization of the surviving entity.
3. Indicate whether or not the surviving entity is a Domestic or Foreign Corporation that is an indirect wholly owned subsidiary or parent. See sec. 180.11045(1)(b), Wis. Stats. for definition.
4. This Article states the manner in which the Plan of Merger was approved. If the surviving entity is a domestic or foreign **nonstock** corporation, complete the CONTINGENCY STATEMENT. Append or attach the Plan of Merger. A Plan of Merger template is available on pages 3 & 4. Its use is optional.
5. (Optional) If the merger is to take effect at a time other than the close of business on the day the articles of merger are delivered to the department for filing, state the effective date or date and time. An effective date may not be earlier than the date the document is delivered to the Department of Financial Institutions, nor a date more than 90 days after its delivery.
6. Enter the date of execution and the name and title of the person signing the document. If, for example, the surviving entity is a domestic limited liability company, the Articles of Merger would be signed by a Member or Manager of the limited liability company; if the surviving entity is a corporation, by an officer of the corporation, etc.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.