

**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>
Information Manufacturing Corporation		12/03/2007	CORPORATION: WEST VIRGINIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Information Manufacturing LLC		
<b>Street Address:</b>	310 State Route 956		
<b>City:</b>	Rocket Center		
<b>State/Country:</b>	WEST VIRGINIA		
<b>Postal Code:</b>	26726		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: WEST VIRGINIA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Serial Number:	76246927	WSSRD	
Serial Number:	76305041	WSSRD	
Serial Number:	76305042	INFORMATION MADE TO ORDER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(304)624-8183		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	(304) 624-8000		
<b>Email:</b>	trademarks@steptoe-johnson.com		
<b>Correspondent Name:</b>	Michael B. Pallay		
<b>Address Line 1:</b>	P.O. Box 2190		
<b>Address Line 4:</b>	Clarksburg, WEST VIRGINIA 26302-2190		
<b>ATTORNEY DOCKET NUMBER:</b>	440370/00005		
<b>NAME OF SUBMITTER:</b>	Michael B. Pallay		

CH \$90.00 76246927

Signature:

/Michael B. Pallay/

Date:

12/30/2008

Total Attachments: 1  
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# State of West Virginia



## Certificate

*I, Betty Ireland, Secretary of State of the  
State of West Virginia, hereby certify that*

Information Manufacturing Corporation  
*(a West Virginia corporation)*

*filed an application for Conversion in my office as required by the provisions of the West  
Virginia Code and was found to conform to law.*

*Therefore, I issue this*

### CERTIFICATE OF CONVERSION

*converting the corporation to*

Information Manufacturing LLC  
*(a West Virginia limited liability company)*



*Given under my hand and the  
Great Seal of the State of  
West Virginia on*

*December 3, 2007*

*Betty Ireland*

*Secretary of State*