

08-17-2009

28/2009)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office



**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

103571022

United States Patent and Trademark Office: Please record the attached documents or the new address(es) below.

08-10-09

**1. Name of conveying party(ies):**

WILDERNESS ATHLETE, INC  
MARK A. PAULSEN

- Individual(s)       Association
- General Partnership       Limited Partnership
- Corporation- State: MINNESOTA
- Other \_\_\_\_\_

Citizenship (see guidelines) UNITED STATES

Additional names of conveying parties attached?  Yes  No

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) 07/07/2009

- Assignment       Merger
- Security Agreement       Change of Name
- Other SALES OF BUSINESS/OWNERSHIP CHANGE

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: WILDERNESS ATHLETE, LLC

Internal

Address: \_\_\_\_\_

Street Address: 9626 N. 37TH STREET

City: PHOENIX

State: AZ

Country: UNITED STATES Zip: 85028

- Association      Citizenship \_\_\_\_\_
- General Partnership      Citizenship \_\_\_\_\_
- Limited Partnership      Citizenship \_\_\_\_\_
- Corporation      Citizenship \_\_\_\_\_

Other LIMITED LIABILITY Citizenship UNITED STATES

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

3446531

B. Trademark Registration No.(s)

3446531

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

**5. Name & address of party to whom correspondence concerning document should be mailed:**

Name: FLOYD GREEN

Internal Address: \_\_\_\_\_

Street Address: 9626 N. 37TH STREET

City: PHOENIX

State: AZ Zip: 85028

Phone Number: 602-953-3906

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00**

- Authorized to be charged to deposit account
- Enclosed

**8. Payment Information:**

08/14/2009 MJAMA1 00000030 3446531

Deposit Account Number \_\_\_\_\_ 40.00 OP

Authorized User Name \_\_\_\_\_

**9. Signature:**

Floyd Green  
Signature

8/10/2009  
Date

FLOYD GREEN

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:  4

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

TRADEMARK

REEL: 004046 FRAME: 0072

AZ CORPORATION COMMISSION  
FILED

AZ Corp. Commission  
02837309

JUL 07 2009

FILE NO. L1537814-0

DO NOT WRITE ABOVE THIS LINE, FOR AGC USE ONLY

### ARTICLES OF ORGANIZATION

**DO NOT PUBLISH THIS SECTION**  
NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of professional service. Professional service is defined as a service that may be lawfully rendered only by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. DO NOT LEAVE THIS SECTION BLANK

3. If the statutory agent has a PO BOX then they must also provide a physical address or description of the location.

The agent must sign the articles or provide written consent to acceptance of the appointment.

Select one. This form may be used for:

- ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)
- ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-641.01)

**1. The name of the organization:**

A. \_\_\_\_\_  
 LLC Name Reservation File Number (if one has been obtained). If not, leave this line blank

B. WILDERNESS ATHLETE, LLC  
 Limited Liability Company Name

**2. Known place of business in Arizona** (If address is the same as the street address of the statutory agent, write "same as statutory agent". DO NOT LEAVE THIS SECTION BLANK)

Address 9626 N. 37TH STREET

City PHOENIX State AZ Zip 85028

**3. The name and street address of the statutory agent in Arizona**

Name FLOYD GREEN

Address 9626 N. 37TH STREET

City PHOENIX State AZ Zip 85028

**Acceptance of Appointment by Statutory Agent:**

I FLOYD GREEN, having been designated to act as  
 (Print Name of the Statutory Agent)  
 Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: Floyd Green

\_\_\_\_\_  
 If signing on behalf of a company, please print the company name here.

**DO NOT PUBLISH THIS SECTION**

4. Only required for professional limited liability company. The purpose must state the professional service or services that the company is organized to perform. Professional service is defined as a service that may be rendered only by a person licensed in this state to render the service.

5. The latest date, if any, on which the Company must dissolve. If a dissolution date should include the month, day and year. Perpetual means continuing forever or indefinitely.

6. Check which management structure will be applicable to your company. Provide name, title and address for each person.

6A. If reserved to the member(s), check the member's box and provide the name(s) and address (es) of each member. NOTE: If reserved to the member(s) you cannot list any manager.

6B. If vested in manager(s) check the manager's box and provide the name(s) and address (es) of each manager and each member who owns a twenty (20%) percent or greater interest in the capital or profits of the LLC/ PLLC.

The person (s) executing this document need not be a manager or member of the company.

**4. Purpose of this (Professional) Limited Liability Company is to provide the following (professional) service(s): (Only required for a Professional LLC Company)**

SALES

**5. Dissolution: The latest date of Dissolution**

The latest date to dissolve \_\_\_/\_\_\_/\_\_\_ (Please enter month, day and four digit year)  
 The Limited Liability Company is Perpetual

**6. Management Structure: (Check one box only) A.R.S. §29-632(5)**

<b>A. <input checked="" type="checkbox"/> RESERVED TO THE MEMBER(S)</b> IF RESERVED TO THE MEMBER(S), YOU MAY SELECT ONLY THE MEMBER BOX FOR EACH MEMBER LISTED.	
<b>B. <input type="checkbox"/> VESTED IN MANAGER(S)</b> IF VESTED IN THE MANAGER(S), AT LEAST ONE ENTRY BELOW MUST HAVE THE MANAGER BOX CHECKED.	
Name <u>FLOYD GREEN</u>	Name _____
<input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: <u>9826 N. 37TH STREET</u>	Address: _____
City, <u>PHOENIX</u> State, <u>AZ</u> Zip: <u>85028</u>	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

Executed this 2ND day of JULY, 2009  
Executed by: Floyd Green Print Name FLOYD GREEN  
If signing on behalf of a company, please print the company name here.

Phone Number: (602) 953-3906 Fax Number: \_\_\_\_\_