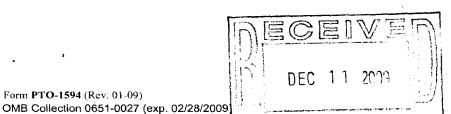
Form PTO-1594 (Rev. 01-09)



12-14-2009

103583456

RECORDATION FORM COVER SHEE TRADEMARKS ON

To the Director of the U. S. Patent and Trademark Office: Plea	se record the attached documents or the new address(es) below.				
1. Name of conveying party(ies):	2. Name and address of receiving party(ies)				
	Additional names, addresses, or citizenship attached?				
Zephyr Corporation	Name: Zephyr Ventilation, LLC				
Accordation	Internal				
Individual(s) Association	Address:				
General Partnership Limited Partnership	Street Address: 2277 Harbor Bay Parkway				
★ Corporation- State: California Other	City: Alameda				
	State:CA				
Citizenship (see guidelines)	Country: USA Zip:94502				
Additional names of conveying parties attached? Yes No					
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship				
Execution Date(s) _{11/29/2009}	Limited Partnership Citizenship				
Assignment Merger	Corporation Citizenship				
Security Agreement [] Change of Name	OtherLC CitizenshipCalifornnia If assignee is not domiciled in the United States, a domestic				
Sother Conversion	representative designation is attached: Yes No				
	(Designations must be a separate document from assignment)				
4. Application number(s) or registration number(s) and A. Trademark Application No.(s)	B. Trademark Registration No.(s)				
, , , , , , , , , , , , , , , , , , , ,	3,224,947 3,227,636 2,212,580				
	Additional sheet(s) attached? Yes X No				
C. Identification or Description of Trademark(s) (and Filing	Date if Application or Registration Number is unknown):				
	1				
5. Name & address of party to whom correspondence					
concerning document should be mailed:	6. Total number of applications and registrations involved:				
Name:Dawn Urbanowicz					
Internal Address: c/o Nortek, Inc.	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$_90				
	_				
Street Address:5 <u>0 Kennedy Plaza</u>	Authorized to be charged to deposit account				
	Enclosed				
City:Providence	8. Payment Information:				
State: _{RI} Zip: ₀₂₉₀₃	0				
Phone Number:401-751-1600	12/11/2009 MJAMA1 00000028 3224947				
Fax Number:401-751-9844	Deposit A6totilnt8584mber 46.86 0 59.99 0				
Email Address:urbanowicz@nortek-inc.com	Authorized User Name				
9. Signature:	12/9/19				
Signature	Date				
Dawn Urbanowicz	Total number of pages including cover sheet, attachments, and document:				
Name of Person Signing	Sheet, attachments, and document.				

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

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of ______ page(s) is a full, true and correct copy of the original record in the custody of this office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

DEBRA BOWEN
Secretary of State

Sec/State I-orm CE-109 (REV 01/2009)

OSP 09 113643



State of California **Secretary of State**

LIMITED LIABILITY COMPANY **CERTIFICATE OF AMENDMENT**

ENDORSED - FILED in the office of the State of California

DEC 0 2 2009

A \$30.00 filing fee must accompany this form.

MPORTANT - I	Read instructions	before com	pleting	this	form.
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ı	MPORTANT — Read instructions be	This Space For Fiting Use Only			
1,	SECRETARY OF STATE FILE NUMBER	2. NAME OF LIMITED LIABILITY	COMPANY		
	200933410007	ZPBHYR LLC			
3.	COMPLETE ONLY THE SECTIONS WHERE NECESSARY.				
	A. LIMITED LIABILITY COMPANY NAM ABBREVIATIONS "LLC" OR "LLC.") ZEPHYR VENTILATION, LLC	E (END THE NAME WITH THE WORDS "LIM	ITED LIABILITY COMPANY," "LTD.	LIABILITY CO." OR THE	
	B. THE LIMITED LIABILITY COMPANY ONE MANAGER MORE THAN ONE MANAGER ALL LIMITED LIABILITY COMPA	WILL BE MANAGED BY (CHECK ONE ANY MEMBER(S)):		
	C. AMENDMENT TO TEXT OF THE AR	TICLES OF ORGANIZATION:			
1				1	
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4.	A DADT OF THE CESTIE/CATE	OTHER MATTERS MAY INCLUDE A LVE OR ANY CHANGE IN THE EVENT	S THAT WILL CAUSE THE DE	WIE OM MUNOU THE CHURCE !	
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SEC/STATE FORM LLC-2 (Rev. 03/2005) - FILING FEE \$30.00

APPROVED BY SECRETARY OF STATE

TRADEMARK REEL: 004112 FRAME: 0519

State of California Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of _____ page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

NOV 3 0 2009

DEBRA BOWEN Secretary of State

OSP 08 111441



RECORDED: 12/11/2009

State of California Secretary of State

LLC-1A File#

File# **200**93341000 7

ENDORSED - FILED in the office of the State of California

NOV 29 2009

IMPORTANT - Read all instructions before completing this form.

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

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NAME OF CONTROL LABILITY COMPANY (End the name with he words "Limited Liability Company," or the abbreviated to "Lid." and "Co.," respectively. ZPEHYR LLC THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one) ONE MANAGER ONE MANAGER MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE ZOTY ALL LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one) MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE ZOTY BATLOUR BAY PARKWAY ALAIRMOND AMALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE ZOTY ALL LIMITED LIABILITY COMPANY MEMBER(S) MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE ZOTY HE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one) ALAIRMOND ALAIRMOND ALL LIMITED LIABILITY COMPANY MEMBER(S) MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE CITY STATE ZIP CODE ZOTY HE LIMITED LIABILITY COMPANY MEMBER(S) MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE ZOTY ALL LIMITED LIABILITY COMPANY MEMBER(S) MALING ADDRESS OF THE CHIEF EXECUTIVE OFFICE CA 94502 ZOTY ALL LIMITED LIABILITY COMPANY MEMBER(S) ALL LIMITED LIABILITY COMPANY MEMBER(S) THE AGENT FOR SERVICE OF PROCESS (Bern 5: Enter the name of the agent for sendors of process. The agent may include under the manager of the includence of the agent and includence address or decidence of the agent is an includence address. The agent has includence and the agent and includence address. The agent has includence and the agent and includence address. The agent has includence and the agent and includence address. The agent has includence and the agent and includence address or decidence and only the agent and includence and only the agent and agent and address. The agent and agent	0	NVERTED ENTITY INFORMATION			·			
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