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Form **PTO-1594** (Rev. 01-09)

OMB Collection 0651-0027 (exp. 02/28/2009)

12-14-2009

COMMERCE emark Office

RECORDATION FORM C

103583461 To the Director of the U.S. Patent and Trademark Office: Please recc. address(es) below. Name of conveying party(ies): 2. Name and address of receiving party(ies) Yes Yes Additional names, addresses, or citizenship attached? X No Gefen, Inc. Name: Gefen, LLC Internal Association ☐ Individual(s) Address: General Partnership Limited Partnership Street Address: 20600 Nordhoff Street_ X Corporation- State: California City: Chatsworth, CA_ Other State:CA Citizenship (see guidelines)_ Country: USA Zip:91311 Additional names of conveying parties attached? Yes X No Association Citizenship ___ General Partnership Citizenship 3. Nature of conveyance)/Execution Date(s): Limited Partnership Citizenship Execution Date(s) 11/29/2009_ Corporation Citizenship Assignment Merger X OtherLLC CitizenshipCalifornnia Security Agreement [Change of Name If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes Prother Conversion (Designations must be a separate document from assignment) 4. Application number(s) or registration number(s) and identification or description of the Trademark. B. Trademark Registration No.(s) A. Trademark Application No.(s) 3,333,209 3,333,210 77/584051 3,333,208 77/584057 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 6. Total number of applications and concerning document should be mailed: registrations involved: Name:Dawn Urbanowicz Internal Address: c/o Nortek, Inc. 7. Total fee (37 CFR 2.6(b)(6) & 3.41) Authorized to be charged to deposit account Street Address:50 Kennedy Plaza Enclosed 8. Payment Information: City:Providence Zip:02903 StateR 00000001 77584051 12/14/2009 MJAMA1 Phone Number:401-751-1600 40.00 OF Deposit Addc 60 r 652 lumber Fax Number: 401-751-9844 **02 FC:8522** Authorized User Name Email Address: urbanowicz@nortek-inc.com 9. Signature: Signature Total number of pages including cover Dawn Urbanowicz

> 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

Name of Person Signing

TRADEMARK REEL: 004113 FRAME: 0281

sheet, attachments, and document:

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

Sec/State Form CE-107 (REV 1/2007)

OSP 08 111441

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State of California Secretary of State

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

LLC-1A

ENDORSED - FILED In the office of the Secretary of State of the State of California

NOV 29 2009

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

CONVERTED ENTITY INFORMATION				
 NAME OF LIMITED LIABILITY COMPANY ("Limited" and "Company" may be abbreviated 	(End the name with the words "Limite d to "Lid." and "Co.," respectively.)	d Liability Company," or the	abbreviations "LLC" or "L	L.C." The words
GEFEN, LLC				ì
2. THE PURPOSE OF THE LIMITED LIABILTY COMPANY MAY BE ORGANIZED UNDER	COMPANY IS TO ENGAGE IN ANY THE BEVERLY-KILLEA LIMITED LIA	LAWFUL ACT OR ACTIV	ITY FOR WHICH A LIMITE	O LIABILITY
3. THE LIMITED LIABILITY COMPANY WILL E				
ONE MANAGER	MORE THAN ONE MANAGER	✓ ALL LI	MITED LIABILITY COMPA	NY MEMBER(S)
. · MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE		CITY	STATE	ZIP CODE
20600 Nordhoff Street	Chatsworth	CA 9	1311	
 NAME OF AGENT FOR SERVICE OF PROI in California or a corporation that has filed a the agent's business or residential address the individual or corporate agent. Check the Corporation Service in California as CSI 	certificate pursuant to California Corp in California. Item 7: if the converting	porations Code section 150 ng entity is a California ilmit the agent's mailing address LISÍNOSS	 item 6: If the agent is a led nartnership, enter the r 	n individual, enter
6. IF AN INDIVIDUAL, ADDRESS OF AGENT			STATE	ZIP CODE
	. O. D. CHOLOI I NOOLLO III O	1 0111	CA	
. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS		СПУ		ZIP CODE
THE MAILING ADDRESS OF THE AGENT	FOR BERVICE OF PROCESS IS THE SA	ME AS THE AGENT'S BUSIN	ESS OR RESIDENTIAL ADDR	ress in Item 6.
CONVERTING ENTITY INFORMATION				
8. NAME OF CONVERTING ENTITY				l
GEFEN, INC.				
9. FORM OF ENTITY	16. JURISDICTION	11. CA SECRE	TARY OF STATE FILE NU	MBER, IF ANY
Corporation	California		C2098695	
12. THE PRINCIPAL TERMS OF THE PLAN OF C THAT EQUALED OR EXCEEDED THE VOTE	CONVERSION WERE APPROVED BY REQUIRED. IF A VOTE WAS REQUIRED.	A VOTE OF THE NUMBER RED, PROVIDE THE FOLLO	of interests or share Wing <u>for each class</u> :	s of each class
STATE THE CLASS AND NUMBER OF OUTS	TANDING INTERESTS ENTITLED TO	VOTE AND THE PERCE	NTAGE VOTE REQUIRED	OF EACH CLASS
2,500 Common	51%			
ADDITIONAL INFORMATION				
13. ADDITIONAL INFORMATION SET FORTH PART OF THIS CERTIFICATE.	ON THE ATTACHED PAGES, IF AN	IY, IS INCORPORATED HI	EREIN BY THIS REFEREN	ICE AND MADE A
14. I CERTIFY UNDER PENALTY OF PERJUR OF MY OWN KNOWLEDGE. I DECLARE I	RY UNDER THE LAWS OF THE STA I AM THE PERSON WHO EXECUTE	TE OF CALIFORNIA THAT TO THIS INSTRUMENT, WI	THE FOREGOING IS TR HICH EXECUTION IS MY	UE AND CORRECT ACT AND DEED,
DATE		C. (
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Calvard (John ()		Edward J. Cooney, VP and Treasurer TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON		
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SIGNATURE OF AUTHORIZED PERSON		TYPE OR PRINT NAME A	IND TITLE OF AUTHORIZ	18 77
LLC-1A (REV 01/2008)		APPROVED BY BECRETA		
LLC-1A (REV 01/2008)			APPROVED BY BE	REINSTANT

TRADEMARK

REEL: 004113 FRAME: 0283

RECORDED: 12/11/2009