TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

07/22/2010
900167550

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Ingrid L Cook		07/11/2010	INDIVIDUAL: UNITED STATES

RECEIVING PARTY DATA

Name:	SHZOOM
Street Address:	5100 Poplar Avenue, Suite 2700
City:	Memphis
State/Country:	TENNESSEE
Postal Code:	38137
Entity Type:	LIMITED LIABILITY COMPANY: UNITED STATES : Mississippi

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	85085961	SHZOOM MINOR ACCIDENTS WILL NO LONGER CAUSE MAJOR HEADACHES

CORRESPONDENCE DATA

Fax Number: (888)712-5584
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 901-481-7677
Email: llcook@comcast.net
Correspondent Name: SHZOOM, LLC
Address Line 1: P O Box 1476
Address Line 4: Southaven, MISSISSIPPI 38671

NAME OF SUBMITTER:	Ingrid L Cook
Signature:	/ILCook/
Date:	07/22/2010

Total Attachments: 2

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10227722I

OFFICE OF THE SECRETARY OF ST
P O BOX 136, JACKSON, MS 39205-0
(601)359-1633

Business ID: 970132
Date Filed: 08/10/2010 08:00 AM
C. Delbert Hosemann, Jr.
Secretary of State

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisks are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇨* SHZOOM, LLC

2. The future effective date is (Complete if Applicable) N/A Business Email Address: YESLLC@COMCAST.NET

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇨ 27-3019215

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇨ *Name I. L. Cook

⇨ *Physical Address 13102 Braybourne Place North

⇨ P.O. Box

*City Olive Branch MS 38654
* State * Zip5 – Zip4

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇨ N/A

6. Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark Appropriate box)

⇨* ☑ Yes ☐ No

7. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇨ N/A

⇨

Rev. 04/2009

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OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136
(601)359-1633

Certificate of Formation

8. Signatures: This certificate must be signed by at least one member, manager, or organizer. (If signed by "manager" box 6 on page one 1 should be marked "yes".) The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

* Printed Name: I. L. Cook

* Title: Manager

* By: Signature: I. L. Cook (please keep writing within blocks)

Street and Mailing Address

⇨ * Physical Address: 13102 Braybourne Place North

⇨ * P. O. Box: 1476

⇨ * City: Southaven

State: MS Zip5 – Zip4: 38671

Printed Name:

Title:

By: Signature: (please keep writing within blocks)

Street and Mailing Address

⇨ Physical Address:

⇨ P. O. Box:

⇨ City:

State: Zip5 – Zip4:

Rev. 04/2009

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