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ETAS v.1.5.2

PTO-1594 (Rev. 10/02)

OMB No. 0851-0027 (Exp. 03/31/2012)

**Signature**

The request must be signed by the filer. The request will not be "signed" in the sense of a traditional paper document. To sign the request, the signer must enter any combination of printable characters that have been adopted to serve the function of a signature, preceded and followed by the forward slash(/) symbol. Acceptable "signatures" could include: /john doe/; /jd/; and /123-4567/.

**Sign the request by completing the following fields****TRADEMARK ASSIGNMENT**

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<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT														
<b>NATURE OF CONVEYANCE:</b>	MERGER														
<b>EFFECTIVE DATE:</b>	12/31/2009														
<b>CONVEYING PARTY DATA</b>															
<table border="1"><thead><tr><th>Name</th><th>Formerly</th><th>Execution Date</th><th>Entity Type</th></tr></thead><tbody><tr><td>NAVL LLC</td><td></td><td>12/31/2009</td><td>LIMITED LIABILITY COMPANY: DELAWARE</td></tr></tbody></table>	Name	Formerly	Execution Date	Entity Type	NAVL LLC		12/31/2009	LIMITED LIABILITY COMPANY: DELAWARE							
Name	Formerly	Execution Date	Entity Type												
NAVL LLC		12/31/2009	LIMITED LIABILITY COMPANY: DELAWARE												
<b>RECEIVING PARTY DATA</b>															
<table border="1"><tr><td><b>Name:</b></td><td>SIRVA Relocation LLC</td></tr><tr><td><b>Street Address:</b></td><td>6200 Oak Tree Blvd., Suite 300</td></tr><tr><td><b>City:</b></td><td>Independence</td></tr><tr><td><b>State/Country:</b></td><td>OHIO</td></tr><tr><td><b>Postal Code:</b></td><td>44131</td></tr><tr><td><b>Entity Type:</b></td><td>LIMITED LIABILITY COMPANY: DELAWARE</td></tr></table>	<b>Name:</b>	SIRVA Relocation LLC	<b>Street Address:</b>	6200 Oak Tree Blvd., Suite 300	<b>City:</b>	Independence	<b>State/Country:</b>	OHIO	<b>Postal Code:</b>	44131	<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE			
<b>Name:</b>	SIRVA Relocation LLC														
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<b>State/Country:</b>	OHIO														
<b>Postal Code:</b>	44131														
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE														

**PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	2763726	EXECUTIVE RELOCATION

**CORRESPONDENCE DATA**

Fax Number: (260)429-3135  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Email: janine.rudolph@sirva.com  
Correspondent Name: Janine Rudolph  
Address Line 1: 5001 U.S. Highway 30 West  
Address Line 4: Fort Wayne, INDIANA 46818

**NAME OF SUBMITTER:** Eric A. Baker**Signature:** /Eric A. Baker/**Date:** 01/26/2011**Total Attachments: 1**

source=NAVL LLC Certification#page1.tif

<b>Signature: *</b>	/Eric A. Baker/
<b>Name: *</b>	Eric A. Baker
<b>Date:</b>	01/26/2011

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01/26/2011 02:53 PM EST

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:49 AM 12/31/2009  
FILED 09:23 AM 12/31/2009  
SRV 091153757 - 3499814 FILE

**STATE OF DELAWARE  
CERTIFICATE OF MERGER OF  
DOMESTIC LIMITED LIABILITY COMPANIES**

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Act, the undersigned limited liability company executed the following Certificate of Merger:

**FIRST:** The name of the surviving limited liability company is  
SIRVA RELOCATION LLC

and the name of the limited liability company being merged into this surviving limited liability company is NAVL LLC

**SECOND:** The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

**THIRD:** The name of the surviving limited liability company is  
SIRVA RELOCATION LLC

**FOURTH:** The merger is to become effective on DECEMBER 31, 2009

**FIFTH:** The Agreement of Merger is on file at 700 OAKMONT LANE  
WESTMONT, ILLINOIS 60559  
the place of business of the surviving limited liability company.

**SIXTH:** A copy of the Agreement of Merger will be furnished by the surviving limited liability company on request, without cost, to any member of the constituent limited liability companies.

**IN WITNESS WHEREOF,** said surviving limited liability company has caused this certificate to be signed by an authorized person, the 31st day of DECEMBER, A.D., 2009.

By: Susan Hobson Kus  
Authorized Person

Name: Susan Hobson Kus  
Print or Type

Title: Secretary