

# TRADEMARK ASSIGNMENT

Electronic Version v1.1  
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	05/23/2008		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Local Insight Berry Holdings LLC		05/23/2008	LIMITED LIABILITY COMPANY: NEW YORK
RECEIVING PARTY DATA			
Name:	The Berry Company LLC		
Street Address:	188 Inverness Drive West, Suite 800		
City:	Englewood		
State/Country:	COLORADO		
Postal Code:	80112		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	3093847	BERRY SALES & MARKETING SOLUTIONS	
Registration Number:	3132076	BERRYADVANTAGE	
Registration Number:	1605880	THE BERRY COMPANY	
Registration Number:	3184373	THE NAME THAT BUILDS BUSINESS	
Registration Number:	3620968	YOUR LINK TO LINCOLN	
CORRESPONDENCE DATA			
Fax Number:	(312)862-2200		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	312-862-6371		
Email:	renee.prescan@kirkland.com		
Correspondent Name:	Renee Prescan		
Address Line 1:	300 North LaSalle Street		
Address Line 2:	Kirkland & Ellis LLP		

900185362

TRADEMARK  
REEL: 004489 FRAME: 0078

CH \$140.00 3093847

Address Line 4: Chicago, ILLINOIS 60654

ATTORNEY DOCKET NUMBER:	11840-1 RMP
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NAME OF SUBMITTER:	Renee M. Prescan
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Signature:	/Renee M. Prescan/
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Date:	03/02/2011
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**Total Attachments: 4**

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**Statement of Merger**  
**(Surviving Entity is a Domestic Entity)**

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

\_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name

Local Insight Berry Holdings LLC

Form of entity

Limited Liability Company

Jurisdiction

New York

Street address

188 Inverness Drive West, Suite 800

\_\_\_\_\_  
(Street number and name)

Englewood

\_\_\_\_\_  
(City)

CO

\_\_\_\_\_  
(State)

80112

\_\_\_\_\_  
(ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable)

\_\_\_\_\_  
(Country)

Mailing address

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable)

\_\_\_\_\_  
(Country)

ID Number

\_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

\_\_\_\_\_

Street address

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

Mailing address

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

ID Number

\_\_\_\_\_  
(Colorado Secretary of State ID number)

Entity name or true name

\_\_\_\_\_

Form of entity

\_\_\_\_\_

Jurisdiction

\_\_\_\_\_

Street address

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

Mailing address

(leave blank if same as street address)

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number 20081278393  
(Colorado Secretary of State ID number)

Entity name or true name The Berry Company LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 188 Inverness Drive West, Suite 800  
(Street number and name)

Englewood CO 80112  
(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

Mailing address  
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

4. (If the following statement applies, adopt the statement by marking the box.)

- ☐ The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

- ☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number \_\_\_\_\_  
Document number \_\_\_\_\_  
Document number \_\_\_\_\_

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

- ☐ This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Trammell	Keith	A.	
(Last)	(First)	(Middle)	(Suffix)
Hogan & Hartson LLP			
(Street number and name or Post Office Box information)			
1200 17th Street, Suite 1500			
Denver	CO	80202	
(City)	(State)	(ZIP/Postal Code)	
(Province – if applicable)	(Country)		

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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