

TRADEMARK ASSIGNMENT

07/25/2011

Electronic Version v1.1
 Stylesheet Version v1.1



103629586

mrd 6/24/11

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the address of the receiving party previously recorded on Reel 004563 Frame 0465. Assignor(s) hereby confirms the Merger.

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Comprehensive Identification Products, Inc.		01/26/2009	CORPORATION: MASSACHUSETTS

RECEIVING PARTY DATA

Name:	Dual Core LLC
Street Address:	40 Citation Lane
City:	Lititz
State/Country:	PENNSYLVANIA
Postal Code:	17543
Entity Type:	LIMITED PARTNERSHIP: WISCONSIN

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	2486760	J.A.M. PLASTICS
Registration Number:	2519179	JAM

CORRESPONDENCE DATA

Fax Number: (414)228-5728
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 414-228-5743
 Email: cheryl_piefer-wachtel@bradycorp.com
 Correspondent Name: Cheryl Piefer-Wachtel
 Address Line 1: 6555 West Good Hope Road
 Address Line 4: Milwaukee, WISCONSIN 53223

ATTORNEY DOCKET NUMBER:	CIPI TM ASSIGN CORRECT
NAME OF SUBMITTER:	Cheryl Piefer-Wachtel

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Signature:	/Cheryl Piefer-Wachtel/
Date:	06/24/2011
Total Attachments: 2 source=USPTO CIPI-Jam Assignment 6.15.11#page1.tif source=USPTO CIPI-Jam Assignment 6.15.11#page2.tif	

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	01/31/2009		
CONVEYING PARTY DATA			
	Name	Formerly	Execution Date
	Comprehensive Identification Products, Inc.		01/26/2009
			Entity Type
			CORPORATION: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	Dual Core LLC		
Street Address:	6555 West Good Hope Road		
City:	Milwaukee		
State/Country:	WISCONSIN		
Postal Code:	53223		
Entity Type:	LIMITED LIABILITY COMPANY: WISCONSIN		
PROPERTY NUMBERS Total: 2			
	Property Type	Number	Word Mark
	Registration Number:	2486760	J.A.M. PLASTICS
	Registration Number:	2519179	JAM
CORRESPONDENCE DATA			
Fax Number:	(414)228-5728		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	414-228-5743		
Email:	cheryl_piefer-wachtel@bradycorp.com		
Correspondent Name:	Cheryl Piefer-Wachtel		
Address Line 1:	6555 West Good Hope Road		
Address Line 4:	Milwaukee, WISCONSIN 53223		
ATTORNEY DOCKET NUMBER:	CIPI/JAM ASSIGNMENT		
NAME OF SUBMITTER:	Cheryl Piefer-Wachtel		

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Signature:	/Cheryl Piefer-Wachtel/
Date:	06/15/2011
Total Attachments: 4 source=Dual Core - CIPI MA Merger Filing#page1.tif source=Dual Core - CIPI MA Merger Filing#page2.tif source=Dual Core - CIPI MA Merger Filing#page3.tif source=Dual Core - CIPI MA Merger Filing#page4.tif	

MA SOC Filing Number: 200947321020 Date: 01/28/2009 10:44 AM

DF
PC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM TO BE TYPED

Articles of Merger

FORM MUST BE TYPED

Involving Domestic Corporations,
Foreign Corporations or Foreign Other Entities
(General Laws Chapter 156D, Section 11.06; 950 CMR 113.37)

Exact name, jurisdiction and date of organization of each party to the merger:

(1) EXACT NAME	(2) JURISDICTION	DATE OF ORGANIZATION
Comprehensive Identification Products, Inc.	Massachusetts	3/13/1985
PV Acquisitions LLC	Delaware	3/12/2002
Dual Core LLC	Wisconsin	2/15/2008

(3) The foreign corporation or other entity is / is not* authorized to conduct business in the Commonwealth.

(4) Exact name of the surviving entity: Dual Core LLC

(5) Jurisdiction under the laws of which the surviving entity will be organized: Wisconsin

(6) The merger shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: 11:59 p.m. on January 31, 2009

(7-8) For each domestic corporation that is a party to the merger:**

(check appropriate box)

The plan of merger was duly approved by the shareholders, and where required, by each separate voting group as provided by G.L. Chapter 156D and the articles of organization.

OR

The plan of merger did not require the approval of the shareholders.

(9) Participation of each other domestic entity, foreign corporation, or foreign other entity was duly authorized by the law under which the other entity or foreign corporation is organized and by its organizational documents.

* Check appropriate box

** Provide this information for each domestic corporation separately

(10) Attach any amendment to articles of organization of the surviving entity, where the survivor is a domestic business corporation.

(11) Attach the articles of organization of the surviving entity, where the survivor is a NEW domestic business corporation, including all the supplemental information required by 950 CMR 113.16.

(12) State the executive office address of the surviving foreign other entity if such information is not on the public record in the foreign jurisdiction: 6555 W. Good Hope Road, Milwaukee, WI 53223
(number, street, city or town, state, zip code)

Signed by: [Signature]
(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 26th day of January, 2009.

Signed by: [Signature]
(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 26th day of January, 2009.

Signed by: [Signature]
(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

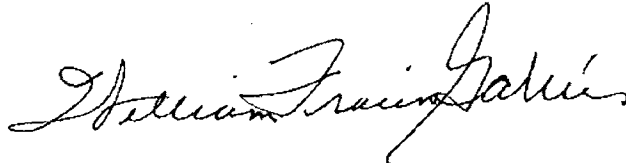
on this 26th day of January, 2009.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

January 28, 2009 10:44 AM

A handwritten signature in cursive script that reads "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth