

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Channel Technologies Group, Inc.		12/28/2011	INC. ASSOCIATION: UNITED STATES
RECEIVING PARTY DATA			
Name:	Channel Technologies Group, LLC		
Street Address:	879 Ward Drive		
City:	Santa Barbara		
State/Country:	CALIFORNIA		
Postal Code:	93111		
Entity Type:	LIMITED LIABILITY COMPANY: UNITED STATES		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1084584	SONATECH	
CORRESPONDENCE DATA			
Fax Number:	(202)955-5564		
Phone:	202-828-1848		
Email:	john.moran@hklaw.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	John P. Moran		
Address Line 1:	2099 Pennsylvania Avenue, Suite 100		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20006		
ATTORNEY DOCKET NUMBER:	128361.00001		
NAME OF SUBMITTER:	John P. Moran		
Signature:	/John P Moran/		

Date:

12/29/2011

Total Attachments: 2

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State of California Secretary of State

LLC-1A

File #

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

DEC 28 2011

Limited Liability Company Articles of Organization - Conversion

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

CHANNEL TECHNOLOGIES GROUP, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

[] ONE MANAGER [x] MORE THAN ONE MANAGER [] ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE CITY STATE ZIP CODE 879 WARD DRIVE SANTA BARBARA, CA 93111

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in item 6.)

THOMAS N. HARDING

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE 1332 ANACAPA ST., SUITE 200 SANTA BARBARA CA 93101

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE

[x] THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY CHANNEL TECHNOLOGIES GROUP, INC.

9. FORM OF ENTITY CORPORATION 10. JURISDICTION CALIFORNIA 11. CA SECRETARY OF STATE FILE NUMBER, IF ANY C0674592

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

COMMON STOCK; 100,000 SHARES MORE THAN 50%

Additional Information

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

DECEMBER 28, 2011

DATE

[Signature] SIGNATURE OF AUTHORIZED PERSON

APIEH CLAYBROOK, CHIEF EXECUTIVE OFFICER TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

[Signature] SIGNATURE OF AUTHORIZED PERSON

APIEH CLAYBROOK, SECRETARY TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

03-70176



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 28 2011

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State