

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CONVERSION OF CORPORATION TO LLC		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Accurate Metal Fabricators, Inc.		07/08/2008	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Accurate Metal Fabricators, LLC		
Street Address:	1011 Seal Beach Blvd.		
City:	Seal Beach		
State/Country:	CALIFORNIA		
Postal Code:	90740		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2860174	METALURGENCY	
CORRESPONDENCE DATA			
Fax Number:	7349302494		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	734-761-3780		
Email:	asujek@bodmanlaw.com		
Correspondent Name:	Angela Alvarez Sujek - Bodman PLC		
Address Line 1:	201 South Division, Suite 400		
Address Line 4:	Ann Arbor, MICHIGAN 48104		
NAME OF SUBMITTER:	Angela Alvarez Sujek		
Signature:	/Angela Alvarez Sujek/		
Date:	08/21/2012		
Total Attachments: 2 source=California conversion#page1.tif source=California conversion#page2.tif			

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State of California Secretary of State

LLC-1A

File #

FILED In the office of the Secretary of State of the State of California

JUL 08 2008

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.")
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)
4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE
5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process.
6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA
7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS
[] 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
9. FORM OF ENTITY
10. JURISDICTION
11. CA SECRETARY OF STATE FILE NUMBER, IF ANY
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

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

July 7, 2008

SIGNATURE OF AUTHORIZED PERSON

Jim Cuevas, C.E.O. TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Shelly Scantlebury, Secretary TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

LLC-1A (REV. 01/2004)

APPROVED BY SECRETARY OF STATE



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.

AUG 13 2012

Date: _____

HSD

Debra Bowen

DEBRA BOWEN, Secretary of State