

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
BACKGROUND INFORMATION SERVICES, INC.		08/28/2008	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	EMPLOYEESCREENIQ, INC.		
Street Address:	PO Box 22627		
City:	Cleveland		
State/Country:	OHIO		
Postal Code:	44122		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	3139190	EMPLOYEESCREEN	
Registration Number:	3768023	EMPLOYEESCREEN IQ UNIVERSITY	
Registration Number:	3373700	SMARTER SCREENING. INTELLIGENT HIRING.	
Registration Number:	3450318	EMPLOYEESCREEN IQ	
Registration Number:	3267212		
CORRESPONDENCE DATA			
Fax Number:	7039975349		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	703-525-8009		
Email:	uspto@tm4smallbiz.com		
Correspondent Name:	Erik M. Pelton		
Address Line 1:	PO Box 100637		
Address Line 4:	Arlington, VIRGINIA 22210		
NAME OF SUBMITTER:	Erik M. Pelton, Attorney at Law		

OP \$140.00 3139190

Signature:	/ErikMPelton/
Date:	08/30/2012
Total Attachments: 4 source=Ohio Name Change Filing#page1.tif source=Ohio Name Change Filing#page2.tif source=Ohio Name Change Filing#page3.tif source=Ohio Name Change Filing#page4.tif	



DATE: 09/09/2008	DOCUMENT ID 200825201726	DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)	FILING 50.00	EXPED 100.00	PENALTY .00	CERT .00	COPY .00
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**Receipt**

This is not a bill. Please do not remit payment.

THRASHER DINSMORE & DOLAN  
100 7TH AVE STE 150  
CHARDON, OH 44024

**STATE OF OHIO  
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1092688

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**EMPLOYEESCREENIQ, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):

**200825201726**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 5th day of September,  
A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us  
e-mail: busserv@sos.state.oh.us

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

**Certificate of Amendment by Shareholders or Members**  
*(Domestic)*  
Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<b>(1) Domestic for Profit</b> <input type="checkbox"/> Amended (122-AMAP)	<b>PLEASE READ INSTRUCTIONS</b>	<b>(2) Domestic Nonprofit</b> <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
	<input checked="" type="checkbox"/> Amendment (125-AMDS)		

<b>Complete the general information in this section for the box checked above.</b>	
Name of Corporation	<u>Background Information Services, Inc.</u>
Charter Number	<u>1092688</u>
Name of Officer	<u>Jason B. Morris</u>
Title	<u>President</u>
<input type="checkbox"/> Please check if additional provisions attached.	
The above named Ohio corporation, does hereby certify that:	
<input type="checkbox"/> A meeting of the <input type="checkbox"/> shareholders <input type="checkbox"/> directors ( <i>nonprofit only</i> )	
<input type="checkbox"/> members was duly called and held on _____ (Date)	
at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.	
<input checked="" type="checkbox"/> In a writing signed by all of the <input checked="" type="checkbox"/> shareholders <input type="checkbox"/> directors ( <i>nonprofit amended articles only</i> )	
<input type="checkbox"/> members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.	

RECEIVED  
SECRETARY OF STATE  
2008 SEP -5 11:12:06  
CLIENT SERVICE CENTER

<b>Clause applies if amended box is checked.</b>
Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.  
 If an amendment box is checked, complete the areas that apply.

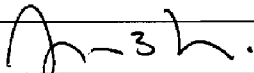
**FIRST:** The name of the corporation is: employeescreenIQ, Inc.

**SECOND:** The place in the State of Ohio where its principal office is located is in the City of:  
 \_\_\_\_\_  
 (city, village or township) (county)

**THIRD:** The purposes of the corporation are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOURTH:** The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_  
 (Does not apply to box (2))

**REQUIRED**  
 Must be authenticated  
 (signed) by an authorized  
 representative  
 (See instructions)



Authorized Representative  
 Jason B. Morris  
 (Print Name)

8/29/08

Date

\_\_\_\_\_

Authorized Representative  
 (Print Name)

\_\_\_\_\_

Date



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e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME
(For Domestic / Foreign, Profit or Nonprofit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

Form with three columns: 'Where consenting entity is a corporation (147-CSC)', 'Where consenting entity is a registrant of (149-CSN)', and 'Where consenting entity is a (148-CSL)'. Includes checkboxes for Trade Name, Service Mark, Trade Mark, Limited Liability Company, Limited Partnership, and Partnership Having Limited Liability.

Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent: 1092688

Name of Entity Giving Consent: Background Information Services, Inc.

Gives Its Consent To: Background Information Services, Inc.

To Use The Name: employeescreenIQ

REQUIRED
Must be authenticated (signed) by an authorized representative

Signature box containing a handwritten signature and a date box containing '8/29/08'.

Empty signature and date boxes for an authorized representative.

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.