

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
JustAnswer LLC		03/30/2012	LIMITED LIABILITY COMPANY: IDAHO
<b>RECEIVING PARTY DATA</b>			
Name:	Pearl.com LLC		
Street Address:	38 keyes avenue, suite 150		
City:	san francisco		
State/Country:	CALIFORNIA		
Postal Code:	94129		
Entity Type:	LIMITED LIABILITY COMPANY: IDAHO		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Registration Number:	3190627	JUST ANSWER	
<b>CORRESPONDENCE DATA</b>			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	rambod@pearl.com		
Correspondent Name:	JustAnswer c/o Rambod Nader		
Address Line 1:	38 keyes avenue, suite 150		
Address Line 4:	san francisco, CALIFORNIA 94129		
NAME OF SUBMITTER:	rambod nader		
Signature:	/rambod nader/		
Date:	09/06/2012		
Total Attachments: 3 source=Name change to Pearl.com LLC#page1.tif source=Name change to Pearl.com LLC#page2.tif source=Name change to Pearl.com LLC#page3.tif			

OP \$40.00 3190627



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

JustAnswer LLC

2. The name of the limited liability company is amended to read:

Pearl.com LLC

3. The date the certificate of organization was originally filed : December 10, 2010

4. The complete street and mailing addresses of the designated principal office is amended to:

5. The mailing address for future correspondence (annual reports) is amended to:

6. The name and address of the managers/members shall be amended as follows:

<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Signature of an authorized person.

Signature

Andrew Kurtzig

Typed Name

Signature

Typed Name

Secretary of State use only

## INSTRUCTIONS

Optional: If the document requires a correction, please list a telephone number where we can reach you.  
415-400-7921

Notes: Complete and submit the application in duplicate.

Line 1. Enter the name of the limited liability company exactly as it is filed with the Secretary of State's Office.

If the LLC has been administratively dissolved and the name is no longer available for use, the name must be amended on line # 2.

Line 2. If this amendment includes a change to the name of the limited liability company indicate the new name of the limited liability company. Note: The new name of the limited liability company must include the requirements of Idaho Code § 30-6-108, which requires the name to contain the words Limited Liability Company, Limited Company or the abbreviation L.L.C., L.C., LLC or Ltd. Co.

Line 3. Enter the date the certificate of organization was filed in this office.

Line 4. Use this line to amend the street and mailing addresses of the designated principal office.

Line 5. Use this line to amend the mailing address for future correspondence.

Line 6. If this amendment is to add or delete a manager or member of the limited liability company you can do so in this area. If the change is just an address change for one of the individuals please make a notation in the "other" field.

Line 7. The application must be signed by an authorized person. Please identify the name of the signer by typing his/her name below the signature.

Enclose the appropriate fee:

- a. The filing fee is \$30.00
- b. If expedited service is requested, add \$20.00 to the filing fee.
- c. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.



# Credit Card Payment Transmittal Form

[all fields on form are required]

Order Information:

Amendment to Certificate of Organization-LLC

[description of what payment is for - for example: name of filing this form is attached to]

Name:

Emily Porter, JustAnswer LLC

[enter name exactly as it appears on credit card]

Billing Address:

38 Keyes Avenue, Suite 150

San Francisco

[city]

CA

[state]

94129

[zip code]

Telephone Number:

415-929-9921

Type of Card:

Mastercard

Visa

Discover

American Express

Card Number:

4715

2900

1543

6210

Expiration [mm/yy]

10

13

Authorized Charge:

\$ 31.00

All fields on the transmittal form are required.

Your payment cannot be processed if all fields are not complete.

Note: In accordance with the contract between the State of Idaho and our service provider Access Idaho, a \$1 non-refundable fee is added to each transaction. The Secretary of State's office does not keep any part of this fee.

Privacy Notice: This form is used to process your credit card payment for a filing or service with the Idaho Secretary of State's office. Your credit card information is NOT retained in our office. The transmittal form is shredded after your filing or service request is processed.

Department Direct Fax Numbers:

Business Entities: (208) 334-2080

Elections: (208) 334-2282

All Other Departments: (208) 334-2282

UCC / Liens: (208) 334-2847

Fiscal: (208) 334-5224

Notaries & Trademarks (208) 334-3500