

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
TruApp, Inc.		09/23/2012	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Seelio, Inc.		
Street Address:	505 E. Liberty, LL500		
City:	Ann Arbor		
State/Country:	MICHIGAN		
Postal Code:	48104		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85631778	SEELIO	
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 S. Division St., Suite 400		
Address Line 4:	Ann Arbor, MICHIGAN 48104		
NAME OF SUBMITTER:	Angela Alvarez Sujek		
Signature:	/angela alvarez sujek/		
Date:	03/28/2013		
Total Attachments: 3 source=1669_001#page1.tif source=1669_001#page2.tif source=1669_001#page3.tif			

OP \$40.00 85631778

Michigan Department of Licensing and Regulatory Affairs

Filing Endorsement

This is to Certify that the AMENDED APPLICATION FOR CERTIFICATE OF AUTHORITY

for

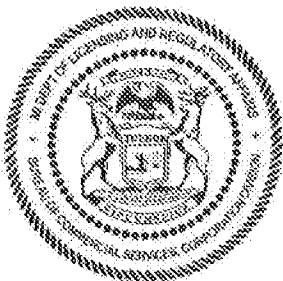
SEELIO, INC.

ID NUMBER: 60503U

received by facsimile transmission on September 26, 2012 is hereby endorsed

Filed on September 27, 2012 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 27TH day of September, 2012.

A handwritten signature in black ink, appearing to read "A. Schaffer", is written over the text of the signature block.

Director

Bureau of Commercial Services

BCS/CO-662 (12/08)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 30 days after received date is stated in the document.	
Name	Sarah J. Williams - Bodman PLC
Address	201 S. Division, Suite 400
City	Ann Arbor, Michigan 48104
State	
Zip code	
Document will be returned to the name and address you enter above	
EFFECTIVE DATE:	

**AMENDED APPLICATION FOR CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS IN MICHIGAN**

For use by Foreign Corporations
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Amended Application:

1. The name of the corporation is: TRUAPP, INC.
2. If the name in item 1 was not available for use in Michigan, the assumed name adopted when obtaining the Certificate of Authority is:
3. The identification number assigned by the Bureau is: 60503U.
4. It is incorporated under the laws of DELAWARE.
5. The corporation was authorized to transact business in Michigan on December 15, 2011.
6. The period of its duration (corporation term) is perpetual.

7. a) The total authorized shares of the corporation on record with the Bureau of Commercial Services are 10,000,000.0 as of September 18, 2012
- b) The shares attributable to Michigan as currently on the records of the Bureau of Commercial Services are: 10,000,000
- c) If the total authorized stock has changed, the total authorized shares of the corporation are N/A
The effective date of the stock change was the _____ day of _____
- d) For year ending _____ / _____ / _____ the apportionment percentage from the most recently filed Michigan Business Tax or Single Business tax return is: N/A %.

09/26/2012 4:53PM (GMT-04:00)

8. If the name of the corporation has changed, its new name is:

Seelio, Inc.

the effective date of the name change was the 18 day of September 2012 and the name change was made in compliance with the laws of the jurisdiction of its incorporation.

9. Complete this item only if the new name in item 8 is not available for use in Michigan. The assumed name of the corporation to be used in all its dealings with the Bureau and in the transaction of its business in Michigan is:

10. If the assumed name in item 2 has changed, the new name is:

11. The name of the resident agent at the registered office is:

Moses Lee

The address of its registered office in Michigan is:

Offices at Liberty Square, 505 E. Liberty, LL500 Ann Arbor Michigan 48104
(Street Address) (City) (Zip Code)

The mailing address of the registered office in Michigan, if different than above, is:

(Street Address or P.O. Box) (City) Michigan (Zip Code)

The resident agent is an agent of the corporation upon whom process against the corporation may be served.

12. The address of the main business or headquarters office of the corporation is:

Offices at Liberty Square, 505 E. Liberty, LL500 Ann Arbor Michigan 48104
(Street Address) (City) (State) (Zip Code)

The mailing address if different than above is:

(Street Address or P.O. Box) (City) (State) (Zip Code)

13. If the business the foreign corporation proposes to do in this State is to be enlarged, limited, or otherwise changed, the specific business which the corporation is to transact in Michigan is as follows:

The corporation is authorized to transact such business or conduct such affairs in the jurisdiction of its incorporation.

Signed this 23 day of September 2012

By  (Type or Print Name)

Moses Lee

(Type or Print Name) 09/26/2012 4:53PM (GMT-04:00)