

Form PTO-1594 (Rev. 12-11)  
OMB Collection 0651-0027 (exp. 04/30/2015)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

## 1. Name of conveying party(ies):

Allegro Microsystems, Inc.

- ☐ Individual(s) ☐ Association  
☐ Partnership ☐ Limited Partnership  
☒ Corporation- State: Delaware  
☐ Other \_\_\_\_\_

Citizenship (see guidelines) Delaware

Additional names of conveying parties attached? ☐ Yes ☒ No

## 3. Nature of conveyance/Execution Date(s) :

Execution Date(s) March 21, 2013

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☒ Other Conversion and Name Change

## 2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? ☐ Yes ☒ No

Name: Allegro Microsystems, LLC

Street Address: 115 Northeast Cutoff

City: Worcester

State: MA

Country: US

Zip: 01606

- ☐ Individual(s) Citizenship \_\_\_\_\_  
☐ Association Citizenship \_\_\_\_\_  
☐ Partnership Citizenship \_\_\_\_\_  
☐ Limited Partnership Citizenship \_\_\_\_\_  
☐ Corporation Citizenship \_\_\_\_\_  
☒ Other limited liability company Citizenship Delaware

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☐ No  
(Designations must be a separate document from assignment)

## 4. Application number(s) or registration number(s) and Identification or description of the Trademark.

A. Trademark Application No.(s) \_\_\_\_\_ Text \_\_\_\_\_

B. Trademark Registration No.(s) \_\_\_\_\_

1) 3,017,500; 2) 2,921,953; 3) 2,248,190

Additional sheet(s) attached? ☐ Yes ☒ No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

## 5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Daly, Crowley, Mofford & Durkee, LLP

Internal Address: \_\_\_\_\_

Street Address: 354A Turnpike Street, Suite 301A

City: Canton

State: MA

Zip: 02021-2714

Phone Number: 781-401-8988 x112

Docket Number: ALLEG-070MUS

Email Address: docketing@dc-m.com

## 6. Total number of applications and registrations involved:

3

## 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$80.00

- ☒ Authorized to be charged to deposit account  
☐ Enclosed

## 8. Payment Information:

Deposit Account Number 01-0854

Authorized User Name Judith C. Crowley

## 9. Signature:

Judith C. Crowley  
Signature  
Judith C. Crowley

April 4, 2013

Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and document

3

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK

REEL: 005008 FRAME 0264

CH \$90.00 010854 301750

# Delaware

PAGE 2

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "ALLEGRO MICROSYSTEMS, LLC" FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2013, AT 1:33 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTIETH DAY OF MARCH, A.D. 2013.

2235640 8100V

130359511

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0313919

DATE: 03-26-13

TRADEMARK

REEL: 005008 FRAME: 0265

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

**First:** The name of the limited liability company is Allegro MicroSystems, LLC.

**Second:** The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, 19801.

The name of its registered agent at such address is The Corporation Trust Company.

**Third:** The Company is perpetual until dissolution.

**Fourth:** The Company will be managed by managers.

**Fifth:** The effective date of this Certificate of Formation shall be March 30, 2013.

In Witness Whereof, the undersigned has executed this Certificate of Formation this 21<sup>st</sup> day of March, 2013.

By:   
Authorized Person

Name: James M. Coonan