

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
Digby		10/31/2007	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	30 Second Software, Inc.
Street Address:	1120 Capital of Texas Highway South
Internal Address:	3-350
City:	Austin
State/Country:	TEXAS
Postal Code:	78746
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	85648000	LOCALPOINT
Serial Number:	85648008	LOCALPOINT

CORRESPONDENCE DATA

Fax Number: 5123434530  
*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.*

Phone: 5123434539  
 Email: rbernfeld@foholaw.com  
 Correspondent Name: Randolph B. Houston, Jr.  
 Address Line 1: 9442 N. Capital of Texas Highway  
 Address Line 2: 1-500  
 Address Line 4: Austin, TEXAS 78759

ATTORNEY DOCKET NUMBER:	30SS007TM0
NAME OF SUBMITTER:	Randolph B. Houston, Jr.

CH \$65.00 85648000

Signature:	/Randolph B. Houston, Jr./
Date:	05/23/2013
Total Attachments: 2 source=11162007_DBA_CERTIFICATE_Digby_30SS#page1.tif source=11162007_DBA_CERTIFICATE_Digby_30SS#page2.tif	

**Form 503**  
**(Revised 01/06)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
**Filing Fee: \$25**



**Assumed Name Certificate**

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas  
**NOV 16 2007**  
Corporations Section

**Assumed Name**

The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Digby

**Entity Information**

The name of the entity filing the assumed name is:

30 Second Software, Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its certificate of formation, if not filed with the secretary of state.

The filing entity is a: (Select the appropriate entity type below.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation             | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association           | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Limited Partnership                    |
| <input type="checkbox"/> Other _____                       |   |

Specify type of entity if there is no check box applicable.

The file number, if any, issued to the filing entity by the secretary of state is: 800845435

The state, country, or other jurisdiction of formation is: Delaware

The registered or similar office of the entity in the jurisdiction of formation is:

615 South Dupont Highway, Dover, County of Kent, Delaware, 19901

The entity is required to maintain a registered office and agent in Texas. The address of its registered office in Texas and the name of the registered agent at such address is:  
The Setting, 1120 Capital Of Texas Highway South, Building 3, Suite 350, Austin, TX, 78746, David Sikora

The address of the principal office of the entity (if not the same as the registered office) is:

Form 503 **RECEIVED**

**NOV 16 2007**

Secretary of State

The entity is not required to maintain a registered office and agent in Texas. Its office address in Texas is: \_\_\_\_\_

The entity is not incorporated, organized or associated under the laws of Texas. The address of the principal place of business in this state is: \_\_\_\_\_

The office address of the entity is: The Setting, 1120 Capital Of Texas Highway South, Building 3, Suite 350, Austin, TX, 78746

**Period of Duration**

The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).  
*mm/dd/yyyy*

**County or Counties in which Assumed**

The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

All counties with the exception of the following counties: \_\_\_\_\_

Only the following counties: \_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: October 31,  
2007

/DAVID SIKORA/

David Sikora, President and CEO

Signature and title of authorized person(s) (see instructions)