

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT												
NATURE OF CONVEYANCE:	Corrective Assignment to correct the the name of the Assignee previously recorded on Reel 005054 Frame 0981. Assignor(s) hereby confirms the Change of Name.												
CONVEYING PARTY DATA													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 20%;">Formerly</th> <th style="width: 20%;">Execution Date</th> <th style="width: 30%;">Entity Type</th> </tr> </thead> <tbody> <tr> <td>Extrusion Dies Industries, LLC</td> <td></td> <td>03/07/2013</td> <td>LIMITED LIABILITY COMPANY: DELAWARE</td> </tr> </tbody> </table>		Name	Formerly	Execution Date	Entity Type	Extrusion Dies Industries, LLC		03/07/2013	LIMITED LIABILITY COMPANY: DELAWARE				
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Extrusion Dies Industries, LLC		03/07/2013	LIMITED LIABILITY COMPANY: DELAWARE										
RECEIVING PARTY DATA													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>Nordson Extrusion Dies Industries, LLC</td> </tr> <tr> <td>Street Address:</td> <td>911 Kurth Road</td> </tr> <tr> <td>City:</td> <td>Chippewa Falls</td> </tr> <tr> <td>State/Country:</td> <td>WISCONSIN</td> </tr> <tr> <td>Postal Code:</td> <td>54729</td> </tr> <tr> <td>Entity Type:</td> <td>LIMITED LIABILITY COMPANY: DELAWARE</td> </tr> </table>		Name:	Nordson Extrusion Dies Industries, LLC	Street Address:	911 Kurth Road	City:	Chippewa Falls	State/Country:	WISCONSIN	Postal Code:	54729	Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE
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Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE												
PROPERTY NUMBERS Total: 2													
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Property Type	Number	Word Mark											
Serial Number:	85610909	MOBIUS											
Serial Number:	85610912	MÖBIUS											
CORRESPONDENCE DATA													
Fax Number: 6124927077 <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i> Email: ip@fredlaw.com Correspondent Name: David C. West Address Line 1: 200 South Sixth Street Address Line 2: Suite 4000 Address Line 4: Minneapolis, MINNESOTA 55402													
ATTORNEY DOCKET NUMBER:	48168.80 AND 81												
NAME OF SUBMITTER:	David C. West												

OP \$65.00 85610909

Signature:	/David C. West/
Date:	06/27/2013
Total Attachments: 5 source=Nordson Extrusion Dies Industries, LLC cover sheet 900258783#page1.tif source=Nordson Extrusion Dies Industries, LLC cover sheet 900258783#page2.tif source=Nordson Extrusion Dies Industries, LLC cover sheet 900258783#page3.tif source=Nordson Extrusion Dies Industries, LLC cover sheet 900258783#page4.tif source=Nordson Extrusion Dies Industries, LLC cover sheet 900258783#page5.tif	

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Extrusion Dies Industries, LLC		03/07/2013	LIMITED LIABILITY COMPANY: DELAWARE

RECEIVING PARTY DATA

Name:	Nordon Extrusion Dies Industries, LLC
Street Address:	911 Kurth Road
City:	Chippewa Falls
State/Country:	WISCONSIN
Postal Code:	54729
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	85610909	MOBIUS
Serial Number:	85610912	MÖBIUS

CORRESPONDENCE DATA

Fax Number: 6124927077
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

Phone: 612-492-7000
 Email: ip@fredlaw.com
 Correspondent Name: David C. West
 Address Line 1: 200 South Sixth Street
 Address Line 2: Suite 4000
 Address Line 4: Minneapolis, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	48168.80 AND 81
NAME OF SUBMITTER:	David C. West

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