

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
PAI , LLC	FORMERLY Delta Acquisition Co., LLC	07/01/2013	LIMITED LIABILITY COMPANY: OHIO

RECEIVING PARTY DATA

Name:	Applied Maintenance Supplies & Solutions, LLC
Street Address:	One Applied Plaza
City:	Cleveland
State/Country:	OHIO
Postal Code:	44115
Entity Type:	LIMITED LIABILITY COMPANY: OHIO

PROPERTY NUMBERS Total: 14

Property Type	Number	Word Mark
Registration Number:	1392031	PAI
Registration Number:	1392035	PAI
Registration Number:	1392071	PAI
Registration Number:	1392098	PAI
Registration Number:	1759446	PAI
Registration Number:	4035539	PAI
Registration Number:	3768766	AERO-CHEM
Registration Number:	3768764	BRUTE BLAST
Registration Number:	3768765	FLEET-FILL
Registration Number:	3857522	HEXALLOY
Registration Number:	3768755	IPC
Registration Number:	3850794	POWER-GRIP
Registration Number:	3768757	SAF-LINE
Registration Number:	3772827	TRUE-GRIP

TRADEMARK

OP \$365.00 1392031

CORRESPONDENCE DATA

Fax Number:

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

Phone: 216-363-9000

Email: uspto@faysharpe.com

Correspondent Name: FAY SHARPE LLP

Address Line 1: 1228 Euclid Avenue

Address Line 4: Cleveland, OHIO 44115

ATTORNEY DOCKET NUMBER:	BEAE 500092US01
NAME OF SUBMITTER:	Brian E. Turung
Signature:	/bet/
Date:	10/14/2013
Total Attachments: 3 source=NameChange#page1.tif source=NameChange#page2.tif source=NameChange#page3.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/01/2013	201318200232	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	300.00		.00	5.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY SUITE 125
ATTN: JAMES H. TANKS III
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2152118

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

APPLIED MAINTENANCE SUPPLIES & SOLUTIONS, LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

201318200232

Effective Date: 07/01/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 1st day of July, A.D.
2013.

Jon Husted

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00),
P.O. Box 1390
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

Registration Number

RECEIVED
 SECRETARY OF STATE
 2013 JUL -1 AM 10:14
 CLIENT SERVICE CENTER

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Fred Bauer
Signature

VICE PRESIDENT
By (if applicable)

FRED D. BAUER
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name