

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM301451

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
SigmaTEK Systems International, LLC		03/11/2013	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SigmaTEK Systems, LLC		
<b>Street Address:</b>	1445 Kemper Meadow Drive		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45240		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 7</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2157967	SIGMATEK	
<b>Registration Number:</b>	2935097	SOLIDNEST	
<b>Registration Number:</b>	2139942	SIGMANEST	
<b>Registration Number:</b>	2110244	NEST WITH THE BEST	
<b>Registration Number:</b>	4026201	IPIERCE	
<b>Registration Number:</b>	3943963	SIGMATUBE	
<b>Serial Number:</b>	85777705	BHQ	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5136516981		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	513-651-6800		
<b>Email:</b>	trademarks@fbtlaw.com		
<b>Correspondent Name:</b>	Samantha Quimby c/o Frost Brown Todd LLC		
<b>Address Line 1:</b>	3300 Great American Twr., 301 E. 4th St.		
<b>Address Line 4:</b>	Cincinnati, OHIO 45202		
<b>ATTORNEY DOCKET NUMBER:</b>	105275/523211		
<b>NAME OF SUBMITTER:</b>	Samantha M. Quimby		
<b>SIGNATURE:</b>	/smq/		

OP \$190.00 2157967

<b>DATE SIGNED:</b>	04/15/2014
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**Total Attachments: 3**

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source=Assignment - SigmaTEK Systems#page3.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/12/2013	201307100054	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

**Receipt**

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

PORTER WRIGHT MORRIS & ARTHUR LLP  
 41 S HIGH ST STE 2800  
 ATTN: PATTI CALLAHAN  
 COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

**1464850**

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

**SIGMATEK SYSTEMS, LLC**

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

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**201307100054**

**Effective Date: 03/11/2013**



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 12th day of March, 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

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"

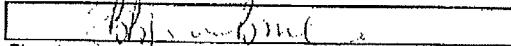
This limited liability company shall exist for a period of:

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.


  
Signature

  
By (if applicable)

Bernardus B. TerreBlanche  
Print Name


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

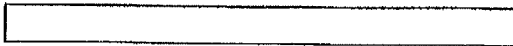
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

  
By (if applicable)

  
Print Name

  
Signature

  
By (if applicable)

  
Print Name