

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM308468

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Shearer's Foods, Inc.		10/31/2012	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Shearer's Foods, LLC		
Street Address:	692 Wabash Avenue, North		
City:	Brewster		
State/Country:	OHIO		
Postal Code:	44613		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 18			
Property Type	Number	Word Mark	
Registration Number:	4288801	CHEESE PLEESERS	
Registration Number:	3654341	DIPSTERS	
Registration Number:	3897375	DIPSTERS	
Registration Number:	3741108	KRAZI CURLS!	
Registration Number:	1620176	MESQUITE GRANDPA'S CHOICE	
Registration Number:	3628640	SHAPERS	
Serial Number:	85364493	SHEARER PERFECTION	
Registration Number:	2202051	SHEARER PERFECTION IN EVERY BAG	
Registration Number:	3663392	SHEARER'S	
Registration Number:	2999837	SHEARER'S	
Registration Number:	3119618	SHEARER'S	
Registration Number:	3677688	SHOVELS	
Registration Number:	3696903	TANGOS	
Registration Number:	4140387	TASTES EVIL, BUT ISN'T	
Registration Number:	3674339	THE CRUNCH OF THE PARTY	
Registration Number:	4200198	THIN & CRISPY	
Registration Number:	2805553	TIRITAS	
Registration Number:	1621442	GRANDPA'S CHOICE	
CORRESPONDENCE DATA			
			TRADEMARK

Fax Number: 3128622200

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

Phone: 3128622000

Email: rob.soneson@kirkland.com

Correspondent Name: Rob Soneson

Address Line 1: 300 N LaSalle

Address Line 2: Kirkland & Ellis LLP

Address Line 4: Chicago, ILLINOIS 60654

ATTORNEY DOCKET NUMBER:	14749-4
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NAME OF SUBMITTER:	Rob Soneson
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SIGNATURE:	/rsoneson/
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DATE SIGNED:	06/23/2014
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Total Attachments: 9

source=Certificate of Conversion and Articles of Organization of Shearer_s Foods, LLC - FILED 31 Oct 2012#page1.tif

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* 201230500043 *

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/31/2012	201230500043	Conversion Within SOS Records (CVS)	125.00	300.00	.00	5.00	.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

562369

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

SHEARER'S FOODS, LLC

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

Document(s):

Conversion Within SOS Records

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

201230500043



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
31st day of October, A.D. 2012.

A handwritten signature in black ink that reads "Jon Husted".

Ohio Secretary of State

TRADEMARK
REEL: 005308 FRAME: 0003



Form 700 Prescribed by:
JON HUSTED
Ohio Secretary of State

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

Makes checks payable to Ohio Secretary of State

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

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio
Secretary of State

(2) Converting Off The Records of the Ohio
Secretary of State

(187-VXX)

Name of the converting entity Shearer's Foods, Inc.

Jurisdiction of Formation Ohio

Charter/Registration Number 562369

The converting entity is a:
(Check Only (1) One Box)

- Domestic Corporation (For-Profit or Nonprofit)
- Foreign Corporation (For-Profit or Nonprofit)
- Domestic Nonprofit Limited Liability Company
- Foreign Nonprofit Limited Liability Company
- Domestic For-Profit Limited Liability Company
- Foreign For-Profit Limited Liability Company

- Partnership
- Domestic Limited Partnership
- Foreign Limited Partnership
- Domestic Limited Liability Partnership
- Foreign Limited Liability Partnership
- Business Trust

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity Shearer's Foods, LLC

Jurisdiction of Formation Ohio

The converted entity is a:
(Check Only (1) One Box)

- | | |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company | <input type="checkbox"/> Business Trust |

Effective Date (Optional) October 31, 2012 (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Christopher J. Fraleigh

Name

100 Lincoln Way East

Mailing Address

Massillon

City

OH

State

44646

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

Ohio

State

Zip Code

- If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required

Must be signed by an authorized representative.



Signature

Christopher J. Fraleigh

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

Shearer's Foods, Inc.

Exact Name of Corporation

If a foreign or domestic corporation licensed to transact business in Ohio is a converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Code, unless the converted new entity is a corporation licensed in Ohio.

Agency	Date Notified	Agency	Date Notified
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	10/31/12	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	10/31/12
		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413
Agency	Date Notified	Treasurer	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	10/31/12	The treasurer of any county in which the corporation has personal property:	
		Stark County Treasurer	10/31/12
		Franklin County Treasurer	10/31/12
		Trumbull County Treasurer	10/31/12

Note: This affidavit must be signed by one or more persons executing the certificate of conversion or by an officer of the corporation.

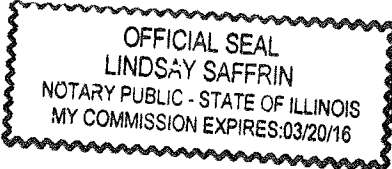
Signature Title

Name

Mailing Address

City State Zip Code

Acknowledged before me and subscribed in my presence on
Date

Seal 
Notary Public Commission Expires
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

SS:

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Section 1701.811(B)(4) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

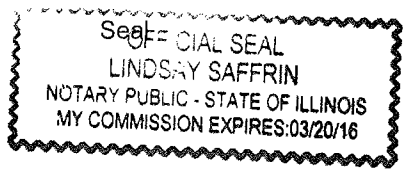
and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature:

Title:

Acknowledged before me and subscribed in my presence on

Date



Notary Public

Expiration date of Notary Public's Commission Date



Form 533A 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 670
Columbus, OH 43216

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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

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

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)

**Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Shearer's Foods, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

National Registered Agents, Inc.

Name of Agent

175 Baker Street

Mailing Address

Marion

City

Ohio

State

43302

ZIP Code

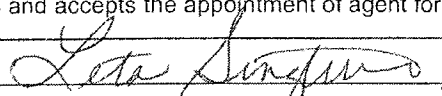
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Shearer's Foods, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company


Individual Agent's Signature / Signature on Behalf of Corporate Agent
LETA SINGLETON, ASST. SEC.

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

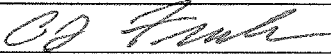
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent 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.



Signature

By (if applicable)

Christopher J. Fraleigh

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name