

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM321079

<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>
Shelves, LLC		10/02/2014	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Creative Plastic Concepts, LLC		
<b>Street Address:</b>	750 Western Ave.		
<b>City:</b>	Findlay		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45840		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86327893	SKIDS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4198741130		
<i>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.</i>			
<b>Phone:</b>	419-874-1100		
<b>Email:</b>	Firm@Fraser-ip.com		
<b>Correspondent Name:</b>	Charles F. Charpie, III		
<b>Address Line 1:</b>	28366 Kensington Lane		
<b>Address Line 2:</b>	Fraser Clemens Martin & Miller LLC		
<b>Address Line 4:</b>	Perrysburg, OHIO 43551		
<b>ATTORNEY DOCKET NUMBER:</b>	55965-1		
<b>NAME OF SUBMITTER:</b>	Charles F. Charpie, III		
<b>SIGNATURE:</b>	/cfcharpie/		
<b>DATE SIGNED:</b>	10/24/2014		
<b>Total Attachments: 3</b>			
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source=Ohio Certificate of Name Change#page2.tif			
source=Ohio Certificate of Name Change#page3.tif			

CH \$40.00 86327893



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	GERT	COPY
10/02/2014	201427500887	AMEND/ARTICLES-ORGANIZATION/DOM, LLC (LAM)	50.00	0.00	0.00	0.00	0.00

**Receipt**

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

OXLEY, MALONE, HOLLISTER, WARREN & SPAETH  
 ATTN: ROBERT B. HOLLISTER  
 P.O. BOX 1086  
 FINDLAY, OH 45839-1086

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 2222164

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**CREATIVE PLASTIC CONCEPTS, LLC**

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

Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM, LLC	201427500887
Effective Date: 10/02/2014	



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  
 2nd day of October, A.D. 2014.

*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

2014 OCT -2 AM 11:39

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.

*Robert B. Hollister*  
Signature

Attorney for Nick Reinhart, sole member of the LLC  
By (if applicable)

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

Robert B. Hollister  
Print Name

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