

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM322855

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
TWINE LABS LLC		09/20/2013	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	twineLABS, LLC		
Street Address:	508 Craig Dr., #8-116		
City:	Perrysburg		
State/Country:	OHIO		
Postal Code:	43551		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4435364	PHOTOTWINE	
Serial Number:	85851034	TWINE	
Serial Number:	86184610	TWINELIVE	
CORRESPONDENCE DATA			
Fax Number:	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>			
Phone:	4198741100		
Email:	dockins@fraser-ip.com		
Correspondent Name:	Michael Dockins		
Address Line 1:	28366 Kensington Lane		
Address Line 4:	Perrysburg, OHIO 43551		
ATTORNEY DOCKET NUMBER:	42294; 55020; 55610		
NAME OF SUBMITTER:	Michael E. Dockins		
SIGNATURE:	/Michael E. Dockins/		
DATE SIGNED:	11/11/2014		
Total Attachments: 3			
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source=twine labs to twinelabs name change 9-20-2013#page2.tif			

CH \$90.00 4435364



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/23/2013	201326301138	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00		.00	.00

Receipt

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

ROHRBACHERS CRON MANAHAN & TRIMBLE
 RUSSELL R. MILLER
 405 MADISON AVE., 8TH FLOOR
 TOLEDO, OH 43604

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2155336

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

TWINELABS, LLC

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

Document(s)

Document No(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

201326301138

Effective Date: 09/20/2013



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 23rd day of September,
 A.D. 2013.

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

2013 SEP 20 AM 9:53

(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

Authorized Representative


By (if applicable)

Russell R. Miller

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