

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM326175

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Wastequip, Inc.		06/12/2012	CORPORATION:
RECEIVING PARTY DATA			
Name:	Wastequip, LLC		
Street Address:	1901 Roxborough Road		
Internal Address:	Suite 300		
City:	Charlotte		
State/Country:	NORTH CAROLINA		
Postal Code:	28210		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1866004	WASTEQUIP	
CORRESPONDENCE DATA			
Fax Number:	4123556501		
<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:	(412) 355-6785		
Email:	patricia.foley@klgates.com		
Correspondent Name:	George D. Dickos		
Address Line 1:	210 Sixth Avenue		
Address Line 2:	K&L Gates Center		
Address Line 4:	Pittsburgh, PENNSYLVANIA 15222-2613		
ATTORNEY DOCKET NUMBER:	140194		
NAME OF SUBMITTER:	George D. Dickos		
SIGNATURE:	/George D. Dickos/		
DATE SIGNED:	12/15/2014		
Total Attachments: 9			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page1.tif			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page2.tif			
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TRADEMARK			

CH \$40.00 1866004

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source=Wastequip LLC.[conversion.art of org].2012.06.14#page8.tif
source=Wastequip LLC.[conversion.art of org].2012.06.14#page9.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/14/2012	201216600503	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00		10.00	10.00

Receipt

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

DIAMOND ACCESS
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

736091

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

WASTEQUIP, 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):

201216600503



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 14th day of June, A.D.
2012.

Ohio Secretary of State



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 1350
 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) <input checked="" type="checkbox"/> Converting <u>Within</u> The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> Converting <u>Off</u> The Records of the Ohio Secretary of State <small>(187-VXX)</small>
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Name of the converting entity	Wastequip, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	736091

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

<input checked="" 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 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

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.

RECEIVED
 SECRETARY OF STATE
 2012 JUN 14 PM 1:04

Name of the converted entity

Jurisdiction of Formation

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) (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.

Name

Mailing Address

City State 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 State Zip Code

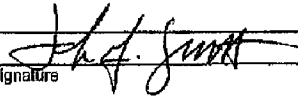
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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

By (if applicable)

John G. Scott, President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

Wastequip, 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	6/8/12	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319	6/8/12
		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413
Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	6/8/12	Treasurer The treasurer of any county in which the corporation has personal property:	Date Notified
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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

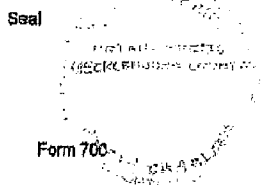
Signature John G. Scott Title President

Name John G. Scott

Mailing Address 1901 Roxborough Road, Suite 300

City Charlotte State NC Zip Code 28210

Acknowledged before me and subscribed in my presence on 6/12/2012 Date



Kern C. Price
Notary Public
Mecklenburg County, North Carolina

Commission Expires 6/25/2013 Date

AFFIDAVIT OF PERSONAL PROPERTY

State of North Carolina
County of Mecklenburg SS:

John G. Scott
Name of Officer

President of Wastequip, Inc.
Title of Officer 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.

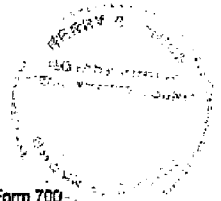
Signature: Title: President

Acknowledged before me and subscribed in my presence on Date 6/12/2012

Seal

Kerry C. Pace
Notary Public - Mecklenburg County, North Carolina

Expiration date of Notary Public's Commission Date 6/25/2013





Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov
Busaserv@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 (The legal existence of the limited liability company begins upon the filing
(Optional) of the articles or on a later date specified that is not more than ninety days
mm/dd/yyyy 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.

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SECRETARY OF STATE

2012 JUN 14 PM 1:02

ORIGINAL APPOINTMENT OF AGENT

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

Wastequip, 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

CSC- Lawyers Incorporating Service (Corporation Service Company)

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Wastequip, LLC

Name of Limited Liability Company

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

Adam C...

Individual Agent's Signature / Signature on Behalf of Corporate Agent

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

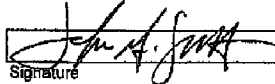
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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)

John G. Scott, Authorized Representative
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name