

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM338739

| | | | |
|-----------------------------------|-------------------------------------|-----------------------|-------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Guardian Fiberglass, LLC | | 08/11/2014 | LIMITED LIABILITY COMPANY: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | Knauf Insulation, LLC | | |
| Street Address: | One Knauf Drive | | |
| City: | Shelbyville | | |
| State/Country: | INDIANA | | |
| Postal Code: | 46176 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: DELAWARE | | |
| PROPERTY NUMBERS Total: 21 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 3151966 | ATS | |
| Registration Number: | 3181698 | ATS AIR TITE SYSTEM | |
| Registration Number: | 2780106 | ATTIC GUARD | |
| Registration Number: | 2168313 | COMMERCIALGUARD | |
| Registration Number: | 3231632 | FATT BATT | |
| Registration Number: | 4119464 | FIBREGUARD | |
| Registration Number: | 3444174 | GBP SILVERCOTE | |
| Registration Number: | 3703365 | GUARDFOAM | |
| Registration Number: | 2373507 | ISP | |
| Registration Number: | 2430241 | ISP | |
| Registration Number: | 2341502 | OPPORTUNITY PLUS | |
| Registration Number: | 3284409 | PERFECT FILL | |
| Registration Number: | 1806102 | PRO-CUT | |
| Registration Number: | 1839434 | THE PRO'S CHOICE | |
| Registration Number: | 2735511 | ASURER | |
| Registration Number: | 2735530 | ASURER | |
| Registration Number: | 3066949 | STAPLE OPTIONAL | |
| Registration Number: | 1529699 | SUPERCUBE | |
| Registration Number: | 2429615 | SUPERCUBE II | |
| TRADEMARK | | | |

CH \$540.00 3151966

| Property Type | Number | Word Mark |
|----------------------|----------|-----------|
| Registration Number: | 2157582 | ULTRA FIT |
| Serial Number: | 86142250 | R-BEST |

CORRESPONDENCE DATA

Fax Number: 3172317433

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: 317-236-1313

Email: jgard@btlaw.com

Correspondent Name: Julia Spoor Gard

Address Line 1: 11 South Meridian Street

Address Line 4: Indianapolis, INDIANA 46204-3535

| | |
|--------------------------------|------------------|
| ATTORNEY DOCKET NUMBER: | 20121-100 |
| NAME OF SUBMITTER: | Julia Spoor Gard |
| SIGNATURE: | /jgard/ |
| DATE SIGNED: | 04/20/2015 |

Total Attachments: 2

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "GUARDIAN FIBERGLASS, LLC", CHANGING ITS NAME FROM "GUARDIAN FIBERGLASS, LLC" TO "KNAUF INSULATION, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2014, AT 3:24 O'CLOCK P.M.

2037542 8100

141052661




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1607977

DATE: 08-11-14

You may verify this certificate online
at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 005500 FRAME: 0803

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
GUARDIAN FIBERGLASS, LLC**


*Pursuant to Section 18-202 of the
Limited Liability Company Act of the State of Delaware*

This Certificate of Amendment of Certificate of Formation of **GUARDIAN FIBERGLASS, LLC** is being duly executed and filed by an authorized person to amend the Certificate of Formation as permitted under the Delaware Limited Liability Company Act (6 Del. C. §18-101, et seq.):

1. The name of the limited liability company is Guardian Fiberglass, LLC.
2. Article FIRST of the Certificate of Formation of the limited liability company is hereby amended as follows:

"FIRST: The name of the limited liability company is Knauf Insulation, LLC (the "Company")."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on August 8, 2014.

By: 
Name: Mark Andrews
Title: Authorized Person

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