

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM350322

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
National Catastrophe Adjusters, Inc.		07/29/2015	CORPORATION: INDIANA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	National Catastrophe Adjusters LLC		
<b>Street Address:</b>	9725 Windermere Blvd.		
<b>City:</b>	Fishers		
<b>State/Country:</b>	INDIANA		
<b>Postal Code:</b>	46037		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4727350	NCA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3123760751		
<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>Email:</b>	khamel@orrick.com		
<b>Correspondent Name:</b>	Cortland Capital Market Services, LLC		
<b>Address Line 1:</b>	225 W. Washington Street, 21st Floor		
<b>Address Line 2:</b>	Attn: Ryan Morick & Legal Department		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60606		
<b>ATTORNEY DOCKET NUMBER:</b>	41901.10		
<b>NAME OF SUBMITTER:</b>	Kristin S. Cornuelle		
<b>SIGNATURE:</b>	/Kristin S. Cornuelle/		
<b>DATE SIGNED:</b>	08/04/2015		
<b>Total Attachments: 3</b>			
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source=SOScert-NamChg-National Catastrophe Adjusters, Inc. to LLC#page2.tif			
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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 ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "NATIONAL CATASTROPHE ADJUSTERS LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, CHANGING ITS NAME FROM "NATIONAL CATASTROPHE ADJUSTERS, INC." TO "NATIONAL CATASTROPHE ADJUSTERS LLC", FILED THE TWENTY-NINTH DAY OF JULY, A.D. 2015, AT 5:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTIETH DAY OF JULY, A.D. 2015.

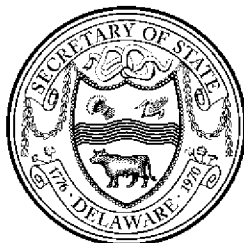
CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF JULY, A.D. 2015, AT 5:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTIETH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "NATIONAL CATASTROPHE

5794058 8100H

151117529



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2605805

DATE: 07-31-15

TRADEMARK  
REEL: 005592 FRAME: 0827

# Delaware

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*The First State*


ADJUSTERS LLC".



5794058 8100H

151117529

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2605805


DATE: 07-31-15

TRADEMARK  
REEL: 005592 FRAME: 0828

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

1. The jurisdiction where the Corporation first formed is Indiana.
2. The jurisdiction immediately prior to filing this Certificate is Indiana.
3. The date the corporation first formed is 12/28/2012.
4. The name of the Corporation immediately prior to filing this Certificate is **National Catastrophe Adjusters, Inc.**
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is **National Catastrophe Adjusters LLC**
6. The effective date of this Certificate is July 30, 2015.

IN WITNESS WHEREOF, said Limited Liability Company has caused this certificate to be signed by an authorized person, this 29<sup>th</sup> day of July, 2015.

  
\_\_\_\_\_  
James C. Pearl, Authorized Person

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