

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM362259

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Efficient Collaborative Retail Marketing Company		07/02/2013	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Efficient Collaborative Retail Marketing Company, LLC		
Street Address:	27070 Miles Road - Suite A		
City:	Solon		
State/Country:	OHIO		
Postal Code:	44139		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3238462	EFFICIENT COLLABORATIVE RETAIL MARKETING	
Registration Number:	2651645	ECRM	
Registration Number:	2639110	EPPS	
CORRESPONDENCE DATA			
Fax Number:	2163639001		
<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:	216-363-9000		
Email:	skoenig@faysharpe.com		
Correspondent Name:	Sandra M. Koenig - Fay Sharpe LLP		
Address Line 1:	1228 Euclid Avenue, 5th Floor		
Address Line 4:	Cleveland, OHIO 44115		
ATTORNEY DOCKET NUMBER:	ECRZ 000001US01		
NAME OF SUBMITTER:	Sandra M. Koenig		
SIGNATURE:	/sandramkoenig/		
DATE SIGNED:	11/13/2015		
Total Attachments: 8			
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source=ECRM (Conversion to LLC and name change 2013)#page8.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/03/2013	201318300713	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00		.00	5.00

Receipt

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

CT CORPORATION SYSTEM
4400 EASTON COMMONS WAY SUITE 125
ATTN: JAMES H. TANKS III
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

853242

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

EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY, LLC

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

Document(s)

CONVERSION WITHIN SOS RECORDS

Document No(s):

201318300713**Effective Date: 07/02/2013**

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.



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 3rd day of July, A.D.
2013.

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 1390
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) [X] Converting Within The Records of the Ohio
Secretary of State

(2) [] Converting Off The Records of the Ohio
Secretary of State

(187-VXX)

Name of the converting entity Efficient Collaborative Retail Marketing Company

Jurisdiction of Formation Ohio

Charter/Registration Number 853242

RECEIVED
SECRETARY OF STATE
2013 JUL -2 PM 3:48
CLIENT SERVICE CENTER

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

- [X] Domestic Corporation (For-Profit or Nonprofit)
[] Foreign Corporation (For-Profit or Nonprofit)
[] Domestic Nonprofit Limited Liability Company
[] Foreign Nonprofit Limited Liability Company
[] Domestic For-Profit Limited Liability Company
[] Foreign For-Profit Limited Liability Company
[] Partnership
[] Domestic Limited Partnership
[] Foreign Limited Partnership
[] Domestic Limited Liability Partnership
[] Foreign Limited Liability Partnership

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.

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)	<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 checked="" type="checkbox"/> Foreign For-Profit Limited Liability Company	

Effective Date (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

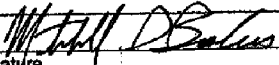
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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)

Mitchell Bowlus, Preident

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

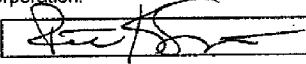
Efficient Collaborative Retail Marketing Company

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	June 28, 2013	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	June 28, 2013
*Only required for domestic for-profit corporations		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	June 28, 2013	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

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

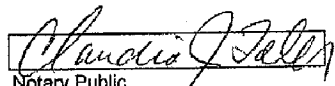
Signature  Title Assistant Secretary

Peter K. Shelton
Name

27070 Miles Road, #A
Mailing Address

Solon Ohio 44139
City State Zip Code

Acknowledged before me and subscribed in my presence on 7/1/2013
Date

Seal  Commission Expires 5/18/2014
Notary Public Date



CLAUDIA J. TALLER
Notary Public, State of Ohio
My Commission Expires May 18, 2014

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

of
Title of Officer Name of Corporation

and that this affidavit is made in compliance with Section 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)

Signature:

Title:

Acknowledged before me and subscribed in my presence on Date

Seal

Notary Public

Expiration date of Notary Public's Commission Date



CLAUDIA J. TALLER
Notary Public, State of Ohio
My Commission Expires May 18, 2014



Form 533B 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 870
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Registration of a Foreign Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For-Profit Limited
Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

(2) Registration of a Foreign Nonprofit
Limited Liability Company
(106-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CT Corporation System

Name

1300 East Ninth Street

Mailing Address

Cleveland

City

Ohio

State

44114

ZIP Code

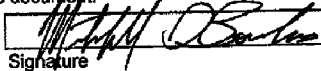
If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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 an
authorized representative.


Signature

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

By (if applicable)

Mitchell Bowius, President

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

Signature

By (if applicable)

Print Name