

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM362830

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the entity conversion from Ohio to Delaware LLC previously recorded on Reel 005405 Frame 0745. Assignor(s) hereby confirms the entity conversion.

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MORGAN ADHESIVES COMPANY, LLC		11/03/2014	LIMITED LIABILITY COMPANY: OHIO

RECEIVING PARTY DATA

Name:	MORGAN ADHESIVES COMPANY, LLC
Street Address:	4560 DARROW ROAD
City:	STOW
State/Country:	OHIO
Postal Code:	44224
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 54

Property Type	Number	Word Mark
Registration Number:	2021354	ALLURE
Registration Number:	3899846	B FREE
Registration Number:	3840249	BLOOM
Registration Number:	1777187	CINEMA
Registration Number:	1633167	COPYBACK
Registration Number:	1636126	COPYLABEL
Registration Number:	2453112	DUAL WRITE
Registration Number:	1810776	DURASCAN
Registration Number:	2189667	IMAGIN
Registration Number:	2192541	IMAGIN
Registration Number:	3675980	INDIE
Registration Number:	2378994	JET WRITE
Registration Number:	4245296	LLT
Registration Number:	4249616	LLT
Registration Number:	1704232	LUSTEX
Registration Number:	1756135	LYRIC
Registration Number:	2420429	MACAL

OP \$1365.00 2021354

Property Type	Number	Word Mark
Registration Number:	0718945	MACAL
Registration Number:	766394	MACBOND
Registration Number:	1748433	MACCOPY
Registration Number:	1385992	MACDOUBLESURE
Registration Number:	1235718	MACFILM
Registration Number:	1935655	MACJET
Registration Number:	2090079	MACMARK
Registration Number:	786920	MACMOUNT
Registration Number:	2090078	MACSCREEN
Registration Number:	1710032	MACTAC
Registration Number:	1630825	MACTAC
Registration Number:	0719331	MACTAC
Registration Number:	2024521	MACTAC METRO
Registration Number:	1775872	MATINEE
Registration Number:	1775871	NATURAL
Registration Number:	1757642	NOVELTY
Registration Number:	1910059	OPTICLEAR
Registration Number:	2087926	OPTISCAN
Registration Number:	1221649	PERMACOLOR
Registration Number:	1673001	PERMAFLEX
Registration Number:	1558681	PERMAGARD
Registration Number:	1558682	PERMAPRINT
Registration Number:	1558683	PERMATRANS
Registration Number:	3672983	STARLINER
Registration Number:	1225026	STARLINER
Registration Number:	2373962	STARLINER
Registration Number:	1641235	TRANSLABEL
Registration Number:	3897495	UGLU
Registration Number:	3897496	UGLU
Registration Number:	3461063	UGLU
Registration Number:	3448473	UGLU
Registration Number:	1049006	UNI-MATE
Registration Number:	4167319	WALLNOODLE
Registration Number:	2028908	WHITE GOLD
Serial Number:	86060214	MACMELT
Serial Number:	85774796	OLFACTIVE
Serial Number:	86338985	WINDOWVIEW

CORRESPONDENCE DATA**Fax Number:** 7147558290*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.***Email:** ipdocket@lw.com,kristin.azcona@lw.com**Correspondent Name:** Latham & Watkins LLP**Address Line 1:** 650 Town Center Drive, Suite 2000**Address Line 4:** Costa Mesa, CALIFORNIA 92626**ATTORNEY DOCKET NUMBER:** 033194-0129**NAME OF SUBMITTER:** kristin j azcona**SIGNATURE:** /kja/**DATE SIGNED:** 11/18/2015**Total Attachments: 12**

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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM323952

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MORGAN ADHESIVES COMPANY, LLC		11/03/2014	LIMITED LIABILITY COMPANY: DELAWARE

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Name:	MORGAN ADHESIVES COMPANY, LLC
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**TRADEMARK
TRADEMARK**

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CORRESPONDENCE DATA

Fax Number: 7147558290

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.

Email: IPDOCKET@LW.COM, KRISTIN.AZCONA@LW.COM
Correspondent Name: LATHAM AND WATKINS LLP
Address Line 1: 650 TOWN CENTER DRIVE, SUITE 2000
Address Line 4: COSTA MESA, CALIFORNIA 92626

ATTORNEY DOCKET NUMBER:	033194-0129
NAME OF SUBMITTER:	KRISTIN J AZCONA
SIGNATURE:	/KJA/
DATE SIGNED:	11/21/2014

Total Attachments: 9

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201430701630

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/03/2014	201430701630	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00	.00	.00	.00

Receipt

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

NSI
145 BAKER ST.
ATTN:MELODY FREEMAN
MARION, OH 43302

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

1123453

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

MORGAN ADHESIVES COMPANY, LLC

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

Document(s)
CONVERSION WITHIN SOS RECORDS

Document No(s):
201430701630

Effective Date: 11/03/2014

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 November, A.D. 2014.

Jon Husted

Ohio Secretary of State

TRADEMARK
REEL: 005671 FRAME: 0849



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
Busserve@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mall 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

COPY

(CHECK ONLY ONE (1) BOX)

(1) 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

Jurisdiction of Formation

Charter/Registration Number

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	

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 (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

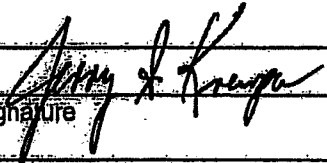
City State Zip Code

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

Chief Financial Officer, Morgan Adhesives Company
By (if applicable)

Jerry S. Krempa
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.

Morgan Adhesives 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 and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified 10/07/2014</p> <p>*Only required for domestic for-profit corporations</p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-468-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Date Notified 10/07/2014</p> <p>Regular: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified []</p> <p>*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]</p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance Issued by the Ohio Department of Taxation.

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

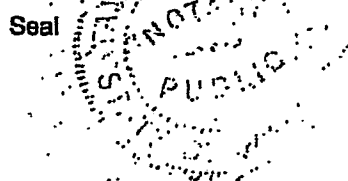
Signature Jerry S. Krempa Title Chief Financial Officer

Jerry S. Krempa
Name

One Neenah Center, P.O. Box 869
Mailing Address

Neenah City WI 54957 State Zip Code

Sworn to and subscribed in my presence on 11-3-14 Date



Jamara G. Gato
Notary Public

Commission Expires May 8, 2016 Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Wisconsin

County of Winnebago

Jerry S. Krempa
Name of Officer

Chief Financial Officer
Title of Officer

of Morgan Adhesives Company
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) 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)

Summit

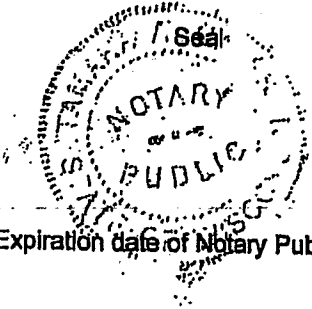
Cuyahoga

Butler

Signature: *Jerry S. Krempa*

Title: Chief Financial Officer

Sworn to and subscribed in my presence on Date 11-3-14



Demetra A. Gata
Notary Public

Expiration date of Notary Public's Commission

Date May 8, 2016



Form 590 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

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent	Morgan Adhesives Company
Charter/Registration/License Number of Entity giving Consent	1123453
Gives It Consent To	Morgan Adhesives Company, LLC
To Use The Name	Morgan Adhesives Company, LLC


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
Consent form must be signed by an authorized representative of the consenting entity.

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.

Morgan Adhesives Company
Signature

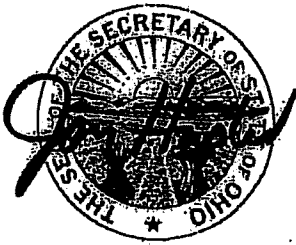

By (if applicable)

Steven J. Price, Vice President
Print Name

Signature

By (if applicable)

Print Name



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 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1980
Columbus, OH 43216

**Registration of a Foreign
Limited Liability Company**
Filing Fee: \$125

COPY

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 "llc"

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

CSC-Lawyers Incorporating Service (Corporation Service Company)

Name

50 W. Broad St., Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

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.

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.

Morgan Adhesives, LLC

Signature

Jerry S. Krempa

By (if applicable)

Jerry S. Krempa, President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name