

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM365326

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/09/2015		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Gravity Technologies		12/09/2015	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Gravity Technologies, Inc.		
Street Address:	4811 Montgomery Road		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45212		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	3313217	NEWTON	
Registration Number:	4155850		
Registration Number:	4089333	GREEN IS GO. RED IS NO.	
Serial Number:	86457020		
CORRESPONDENCE DATA			
Fax Number:	3177133699		
<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:	317-713-3412		
Email:	tshaw-white@taftlaw.com		
Correspondent Name:	Tiffini Shaw-White, Paralegal		
Address Line 1:	One Indiana Square		
Address Line 2:	Suite 3500		
Address Line 4:	Indianapolis, INDIANA 46204		
ATTORNEY DOCKET NUMBER:	PAY05-GN002		
NAME OF SUBMITTER:	Tiffini L. Shaw-White, Paralegal		
SIGNATURE:	/Tiffini L. Shaw-White, Paralegal/		
DATE SIGNED:	12/10/2015		

OP \$115.00 3313217

Total Attachments: 16

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DEC 09 2015

2038569 (OUT)



Form 551 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 509-FIL (877-707-3453)
Central Ohio: (614) 465-3910

www.OhioSecretaryofState.gov
tusharv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessControl.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1929
Columbus, OH 43216

Expedite Filing (Two business day processing time,
Requires an additional \$100.00)

P.O. Box 1929
Columbus, OH 43216

Certificate of Merger

Filing Fee: \$99

(154-MER)

Forms Must Be Typed

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. (Surviving) Entity

A. Name of Entity Surviving the Merger

Noble Acquisition Sub, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

Gravily Technologies, Inc.

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. Domestic (Ohio entity)

Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

2445521

(If licensed in Ohio as domestic or foreign)

3. For-Profit Corporation

Nonprofit Corporation

For-Profit Limited Liability Company

Nonprofit Limited Liability Company

Partnership

Limited Partnership

Limited Liability Partnership

Unincorporated Nonprofit Association

2015 DEC -9 PM 12:20

II. CONSTITUENT ENTITY

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

Entity Name	Ohio Charter/License/Registration Number	Jurisdiction of Formation	Type of Entity
Gravity Technologies	n/a	California	Corporation

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Christopher A. Kuhnheim
Name

537 E. Pete Rose Way, Suite 400
Mailing Address

Cincinnati
City

Ohio
State

45202
Zip Code

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on _____ (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio.
 If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

Name

Mailing Address

City

Ohio
State

Zip Code

VIII. AMENDMENTS

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.88 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

- Foreign Qualifying Corporation - Form 530A or B and Certificate of Good Standing
- Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) - Form 552
- Foreign Qualifying Limited Liability Company - Form 533B
- Foreign Qualifying Limited Partnership - Form 531B
- Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

Noble Acquisition Sub, Inc.
 Name of entity

By: [Signature]
 Signature

Its: Secretary
 Title

Gravity Technologies
 Name of entity

By: [Signature]
 Signature

Its: PRESIDENT AND CEO
 Title

Name of entity

By: _____
 Signature

Its: _____
 Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)), this includes all merging and surviving entities.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

[Empty box for Name of Corporation]

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.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	[Empty box]	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-468-2318 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	[Empty box] Regular: P.O. Box 182413 Columbus, OH 43218-2413
*Only required for domestic for-profit corporations		<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	[Empty box]		
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*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 [Empty box] Title [Empty box]

[Empty box]
Name

[Empty box]
Mailing Address

[Empty box] [Empty box] [Empty box]
City State Zip Code

Sworn to and subscribed in my presence on [Empty box]
Date

Seal [Empty box] Commission Expires [Empty box]
Notary Public Date

AFFIDAVIT OF PERSONAL PROPERTY

State of []

County of []

[]
Name of Officer

[]
Title of Officer

of []
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: []

Sworn to and subscribed in my presence on Date []

Seal

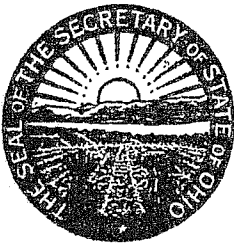
[]
Notary Public

Expiration date of Notary Public's Commission Date []

#244552 | UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 7 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 9th day of December A.D. 2015



Jon Husted
JON HUSTED
Secretary Of State

By: Stephanie Taylor

NOTICE: This is an official certification only when reproduced in red ink



I hereby certify that the foregoing transcript of 2 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 09 2015

Date: _____

Handwritten signature of Alex Padilla in cursive.

ALEX PADILLA, Secretary of State

TRADEMARK
REEL: 005686 FRAME: 0554



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2015	201534300808	Merger (MER)	99.00	300.00	0.00	0.00	5.00

Receipt

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

TAFT STETTINIUS & HOLLISTER LLP
LINDA S. DAVIS
65 EAST STATE STREET, 10TH FLOOR
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
2445521**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GRAVITY TECHNOLOGIES, INC.

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

Document(s)

Merger

Document No(s):

201534300808

Effective Date: 12/09/2015



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
9th day of December, A.D. 2015.

Jon Husted
Ohio Secretary of State

**TRADEMARK
REEL: 005686 FRAME: 0555**



Form 551 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) 509-FILE (877-707-3453)
Central Ohio: (614) 486-3910

www.OhioSecretaryofState.gov
busasrv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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 of Merger

Filing Fee: \$99

(154-MER)

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(Complete only if name of surviving entity is changing through the merger)

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1. Domestic (Ohio entity) Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

2445521

(If licensed in Ohio as domestic or foreign)

- 3:
- For-Profit Corporation
 - Nonprofit Corporation
 - For-Profit Limited Liability Company
 - Nonprofit Limited Liability Company
 - Partnership
 - Limited Partnership
 - Limited Liability Partnership
 - Unincorporated Nonprofit Association

2015 DEC -3 PM 12:20

II. CONSTITUENT ENTITY

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Christopher A. Kuhnhein
Name

537 E. Pate Rose Way, Suite 400
Mailing Address

Cincinnati
City

Ohio
State

45202
Zip Code

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V. MERGER AUTHORIZED

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Name _____

Mailing Address _____

City _____ State Zip Code _____

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IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

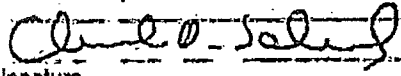

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X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

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- Foreign Qualifying Limited Liability Company - Form 533B
- Foreign Qualifying Limited Partnership - Form 531B
- Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

Noble Acquisition Sub, Inc.
Name of entity
By: 
Signature
Its: 
Title

Gravity Technologies
Name of entity
By: 
Signature
Its: PRESIDENT AND CEO
Title

Name of entity
By: _____
Signature
Its: _____
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

[Empty box for Name of Corporation]

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.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	[Empty box]	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	[Empty box] Regular: P.O. Box 182413 Columbus, OH 43218-2413
*Only required for domestic for-profit corporations		<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	[Empty box]		

*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 [Empty box] Title [Empty box]

Name [Empty box]

Mailing Address [Empty box]

City [Empty box] State [Empty box] Zip Code [Empty box]

Sworn to and subscribed in my presence on [Empty box]
Date

Seal [Empty box] Notary Public Commission Expires [Empty box] Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
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:

Sworn to and subscribed in my presence on Date

Seal

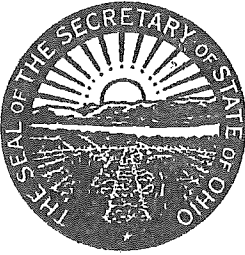
Notary Public

Expiration date of Notary Public's Commission Date

#244552 | UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 7 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 9th day of December A.D. 2015

The seal of the Secretary of State of Ohio, featuring a sun rising over a landscape with a river and trees, surrounded by the text "THE SEAL OF THE SECRETARY OF STATE OF OHIO".

Jon Husted
JON HUSTED
Secretary Of State

By: Stephanie Taylor

NOTICE: This is an official certification only when reproduced in red ink