

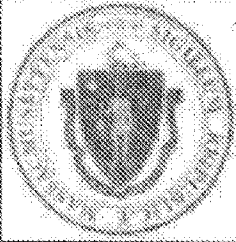
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM374089

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MARK MONTANI		10/18/2015	INDIVIDUAL: UNITED STATES
RECEIVING PARTY DATA			
Name:	american ironhorse llc		
Street Address:	64 high street		
City:	southbridge		
State/Country:	MASSACHUSETTS		
Postal Code:	01550		
Entity Type:	LIMITED LIABILITY COMPANY: UNITED STATES		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86781928	AMERICAN IRONHORSE	
CORRESPONDENCE DATA			
Fax Number:			
<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:	5086486816		
Email:	americanironhorsellc@GMAIL.COM		
Correspondent Name:	MARK MONTANI		
Address Line 1:	64 HIGH STREET		
Address Line 4:	SOUTHBRIDGE, MASSACHUSETTS 01550		
NAME OF SUBMITTER:	mark montani		
SIGNATURE:	/mark montani/		
DATE SIGNED:	02/22/2016		
Total Attachments: 1 source=filepdf#page1.tif			

OP \$40.00 86781928



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Organization

General Provisions

Identification Number: 001193531

1. The exact name of the limited liability company is: AMERICAN IRONHORSE, LLC

2a. Location of its principal office:

No. and Street: 64 HIGH ST
City or Town: SOUTHBRIDGE State: MA Zip: 01550-1706 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 64 HIGH ST
City or Town: SOUTHBRIDGE State: MA Zip: 01550-1706 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

TO ENGAGE IN THE BUSINESS OF SELLING MOTORCYCLES, PARTS AND APPAREL.

4. The latest date of dissolution, if specified: 10/15/2065

5. Name and address of the Resident Agent:

Name: MARK V. MONTANI
No. and Street: 64 HIGH ST
City or Town: SOUTHBRIDGE State: MA Zip: 01550-1706 Country: USA

I, MARK V. MONTANI resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	MARK V. MONTANI	64 HIGH ST SOUTHBRIDGE, MA 01550-1706 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	MARK V. MONTANI	64 HIGH ST SOUTHBRIDGE, MA 01550-1706 USA

TRADEMARK