

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM385698

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Oglebay Norton Industrial Sands, Inc.		02/28/2012	Corporation:
RECEIVING PARTY DATA			
Name:	Oglebay Norton Industrial Sands, LLC		
Street Address:	11 Stanwix Street		
Internal Address:	21st Fl.		
City:	Pittsburgh		
State/Country:	PENNSYLVANIA		
Postal Code:	15222		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3812096	GEOSIL	
CORRESPONDENCE DATA			
Fax Number:	7132286605		
<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>			
Email:	scabello@blankrome.com		
Correspondent Name:	Sarah R. Cabello		
Address Line 1:	717 Texas Avenue, Suite 1400		
Address Line 4:	Houston, TEXAS 77002		
NAME OF SUBMITTER:	Sarah R. Cabello		
SIGNATURE:	/Sarah R. Cabello/		
DATE SIGNED:	05/26/2016		
Total Attachments: 2			
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State of California Secretary of State

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Limited Liability Company Articles of Organization - Conversion

LLC-1A File #

FILED In the office of the Secretary of State of the State of California

FEB 28 2012

Handwritten signature/initials

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Oglebay Norton Industrial Sands, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

ONE MANAGER

MORE THAN ONE MANAGER

ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

11 Stanwix Street, 21st Floor

CITY

Pittsburgh

STATE

PA

ZIP CODE

15222

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)

National Registered Agents, Inc.

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA

CITY

STATE

CA

ZIP CODE

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

2875 Michelle Drive, Suite 100

CITY

Irvine

STATE

CA

ZIP CODE

92606

THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY

Oglebay Norton Industrial Sands, Inc.

9. FORM OF ENTITY

corporation

10. JURISDICTION

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

C1251894

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

100 shares of common stock

50% plus one (majority)

Additional Information

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

February 27, 2012

DATE

B. P. Inglis SIGNATURE OF AUTHORIZED PERSON

Bruce Inglis, Vice President TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

K. J. Whyte SIGNATURE OF AUTHORIZED PERSON

Kevin J. Whyte, Secretary TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



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

MAR 27 2012

Date: _____ *DB*

Debra Bowen
DEBRA BOWEN, Secretary of State