

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM394074

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Cleveland Indians Baseball Company Limited Partnership		08/01/2016	Limited Partnership: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Cleveland Indians Baseball Company, LLC		
<b>Street Address:</b>	2401 Ontario Street		
<b>City:</b>	Cleveland		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44115		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 38</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3994891	CIC   CLEVELAND INDIANS   CHARITIES	
<b>Registration Number:</b>	3776353	CLEVELAND BLUES	
<b>Registration Number:</b>	3886573	CLEVELAND BRONCHOS	
<b>Registration Number:</b>	1287632	CLEVELAND INDIANS	
<b>Registration Number:</b>	3776354	CLEVELAND NAPS	
<b>Registration Number:</b>	1979689	GAME FACE	
<b>Registration Number:</b>	3619984	HERITAGE PARK	
<b>Registration Number:</b>	1568426		
<b>Registration Number:</b>	1711810		
<b>Registration Number:</b>	3175752	INDIANS	
<b>Registration Number:</b>	1592740	INDIANS	
<b>Registration Number:</b>	1543339	INDIANS	
<b>Registration Number:</b>	3366832	INDIANS	
<b>Registration Number:</b>	3366831	INDIANS	
<b>Registration Number:</b>	3366833	INDIANS	
<b>Registration Number:</b>	3353716	INDIANS	
<b>Registration Number:</b>	1719618	INDIANS	
<b>Registration Number:</b>	1594320	C	
<b>Registration Number:</b>	1593109	C	
<b>TRADEMARK</b>			

OP \$965.00 3994891

Property Type	Number	Word Mark
Registration Number:	4000824	CLEVELAND
Registration Number:	3447094	I
Registration Number:	3538740	I
Registration Number:	1764998	SLIDER
Registration Number:	4219228	INDIANS THE FROZEN DIAMOND FACEOFF VS
Registration Number:	4286675	INDIANS THE FROZEN DIAMOND FACEOFF VS
Registration Number:	4219227	INDIANS THE FROZEN DIAMOND FACEOFF VS
Registration Number:	3689935	IT'S TRIBE TIME NOW
Registration Number:	2028319	JACOBS FIELD
Registration Number:	1766762	SLIDER
Registration Number:	4658252	SLIDER
Registration Number:	1717182	SLIDER
Registration Number:	4786018	TRIBE
Registration Number:	3659395	TRIBE
Registration Number:	4002687	TRIBE TIME
Registration Number:	1259795	
Registration Number:	1590703	
Registration Number:	2569766	
Registration Number:	1031410	

**CORRESPONDENCE DATA**

**Fax Number:** 2125750671

*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.*

**Phone:** 2127909200

**Email:** trademark@cll.com

**Correspondent Name:** Mary L. Kevlin

**Address Line 1:** Cowan, Liebowitz & Latman, P.C.

**Address Line 2:** 114 West 47th Street

**Address Line 4:** New York, NEW YORK 10036

<b>NAME OF SUBMITTER:</b>	Timothy J. Buckley
<b>SIGNATURE:</b>	/Timothy J. Buckley/
<b>DATE SIGNED:</b>	08/08/2016

**Total Attachments: 8**

source=Cleveland Indians Entity Conversion#page1.tif  
source=Cleveland Indians Entity Conversion#page2.tif  
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Form 700 Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-767-3463)  
Central Ohio: (614) 469-3010

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busaovr@OhioSecretaryofState.gov](mailto:busaovr@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://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 1399  
Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99  
Form Must Be Typed

(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)

- 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 checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input 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

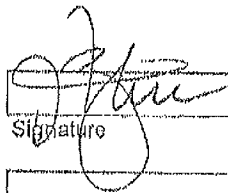
City State Zip Code

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.

 V.P., General Counsel  
Signature

By (if applicable)

Joseph C. Znidarsic  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 533A Prescribed by:  
**JON HUSTED**  
OHIO SECRETARY OF STATE  
Toll Free: (877) 803-FILE (877-787-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busdev@OhioSecretaryofState.gov](mailto:busdev@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43210  
Expedite Filing (two business day processing time,  
Requires an additional \$500.00)  
P.O. Box 1880  
Columbus, OH 43210

## Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99  
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1)  Articles of Organization for Domestic  
For-Profit Limited Liability Company  
(116-LCA)

(2)  Articles of Organization for Domestic  
Nonprofit Limited Liability Company  
(116-LCA)

Name of Limited Liability Company

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

Effective Date   
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for   
(Optional) Period of Existence

Purpose   
(Optional)

### \*\*Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

## ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Cleveland Indians Baseball Company, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

TDD Service, Inc.

Name of Agent

100 7th Avenue, Suite 150

Mailing Address

Chardon

City

Ohio

State

44024

ZIP Code

## ACCEPTANCE OF APPOINTMENT

The undersigned, TDD Service, Inc. named herein as the statutory agent

Statutory Agent Name

for Cleveland Indians Baseball Company, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

*Garry A. Slattery* Authorized Representative  
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent



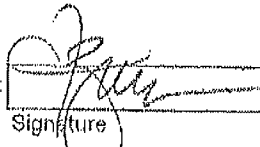
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other 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.

 V.P., General Counsel  
Signature

By (if applicable)

Joseph R. Znidarsic

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 590 Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-787-5463)

Central Ohio: (614) 466-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)

[business@OhioSecretaryofState.gov](mailto:business@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

### 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

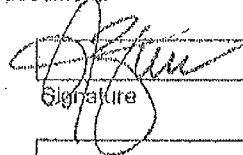
Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

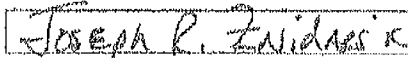
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

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

   
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)

   
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

**\*201621002602\***

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/29/2016	201621002602	CONVERSION WITHIN SOS RECORDS (CVS)	99.00	100.00	.00	.00	.00

**Receipt**

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

THRASHER DINSMORE & DOLAN, LPA  
ATTN: KELLY A. SLATTERY  
100 7TH AVENUE, SUITE 150  
CHARDON, OH 44024

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
942055

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**CLEVELAND INDIANS BASEBALL COMPANY, LLC**  
and, that said business records show the filing and recording of:

Document(s):  
**CONVERSION WITHIN SOS RECORDS**

Document No(s):  
**201621002602**

**Effective Date: 08/01/2016**

CHANGE BUSINESS TYPE DOM. 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  
29th day of July, A.D. 2016.

Handwritten signature of Jon Husted in black ink.

Ohio Secretary of State