

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM405525

|                              |                   |
|------------------------------|-------------------|
| <b>SUBMISSION TYPE:</b>      | NEW ASSIGNMENT    |
| <b>NATURE OF CONVEYANCE:</b> | ENTITY CONVERSION |
| <b>SEQUENCE:</b>             | 1                 |

## CONVEYING PARTY DATA

| Name                | Formerly | Execution Date | Entity Type           |
|---------------------|----------|----------------|-----------------------|
| Hands-On Labs, Inc. |          | 11/07/2016     | Corporation: COLORADO |

## RECEIVING PARTY DATA

|                        |                                     |
|------------------------|-------------------------------------|
| <b>Name:</b>           | Hands-On Labs LLC                   |
| <b>Street Address:</b> | 3880 S. Windermere Street           |
| <b>City:</b>           | Englewood                           |
| <b>State/Country:</b>  | COLORADO                            |
| <b>Postal Code:</b>    | 80110                               |
| <b>Entity Type:</b>    | Limited Liability Company: DELAWARE |

## PROPERTY NUMBERS Total: 7

| Property Type        | Number   | Word Mark                            |
|----------------------|----------|--------------------------------------|
| Registration Number: | 4047908  | CLASSPAQ                             |
| Registration Number: | 4352651  | EPAQ                                 |
| Registration Number: | 3475872  | LABPAQ                               |
| Registration Number: | 3475892  | LABPAQ THE BEST WAY TO LEARN SCIENCE |
| Registration Number: | 4964876  | LABBRIDGE SOLUTIONS                  |
| Registration Number: | 5009629  | STEMPAQ                              |
| Serial Number:       | 86403783 | STEMPAQ                              |

## CORRESPONDENCE DATA

Fax Number: 2163634588

*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: 2163634677

Email: trademark@beneschlaw.com

Correspondent Name: Duncan H.Poirier

Address Line 1: Benesch Friedlander Coplan &amp; Aronoff LLP

Address Line 2: 200 Public Square, Suite 2300

Address Line 4: Cleveland, OHIO 44114

|                                |                   |
|--------------------------------|-------------------|
| <b>ATTORNEY DOCKET NUMBER:</b> | 38447-9           |
| <b>NAME OF SUBMITTER:</b>      | Duncan H. Poirier |

TRADEMARK

|   |                     |
|---|---------------------|
| <b>SIGNATURE:</b>   | /Duncan H. Poirier/ |
| <b>DATE SIGNED:</b>   | 11/15/2016          |
| <b>Total Attachments: 4</b><br>source=Certificate of Conversion#page1.tif<br>source=Certificate of Conversion#page2.tif<br>source=Certificate of Conversion#page3.tif<br>source=Certificate of Conversion#page4.tif |                     |

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A COLORADO CORPORATION UNDER THE NAME OF "HANDS-ON LABS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "HANDS-ON LABS, INC." TO "HANDS-ON LABS LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D. 2016, AT 1:04 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6206353 8100F  
SR# 20166527148

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203292480  
Date: 11-07-16

**TRADEMARK**  
**REEL: 005920 FRAME: 0802**

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Colorado.
- 2.) The jurisdiction immediately prior to filing this Certificate is Colorado.
- 3.) The date the corporation first formed is October 28, 1999.
- 4.) The name of the Corporation immediately prior to filing this Certificate is  
Hands-On Labs, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of  
Formation is Hands-On Labs LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
7th day of November, A.D. 2016.

By: /s/ Kevin Melendy  
Authorized Person

Name: Kevin Melendy  
Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "HANDS-ON LABS LLC" FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D. 2016, AT 1:04 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6206353 8100F  
SR# 20166527148

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203292480  
Date: 11-07-16

**TRADEMARK**  
**REEL: 005920 FRAME: 0804**

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is Hands-On Labs LLC

• **Second:** The address of its registered office in the State of Delaware is  
1675 S. State St, Ste B in the City of Dover  
Zip Code 19901.

The name of its Registered agent at such address is \_\_\_\_\_  
Capitol Services, Inc.

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
7th day of November, 2016.

By: /s/ Kevin Melendy  
Authorized Person(s)

Name: Kevin Melendy  
Typed or Printed

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:04 PM 11/07/2016  
FILED 01:04 PM 11/07/2016  
SR 20166527148 - File Number 6206353