

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM406794

| | | | |
|------------------------------------|------------------------------------|-----------------------|--------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Cincinnati Sub-Zero Products, Inc. | | 03/28/2016 | Corporation: OHIO |
| RECEIVING PARTY DATA | | | |
| Name: | Cincinnati Sub-Zero Products, LLC. | | |
| Street Address: | 12011 Mosteller Rd. | | |
| City: | CINCINNATI | | |
| State/Country: | OHIO | | |
| Postal Code: | 45241 | | |
| Entity Type: | Limited Liability Company: OHIO | | |
| PROPERTY NUMBERS Total: 24 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 0943322 | NORM-O-TEMP | |
| Registration Number: | 1068469 | BLANKETROL | |
| Registration Number: | 1234474 | MAXI-THERM | |
| Registration Number: | 1242682 | PLASTIPAD | |
| Registration Number: | 1262892 | HEMOTHERM | |
| Registration Number: | 1357874 | MICRO-TEMP | |
| Registration Number: | 1646750 | TEMP-PAD | |
| Registration Number: | 1670786 | ELECTRI-COOL | |
| Registration Number: | 1709298 | WARMAIR | |
| Registration Number: | 1753774 | STERI-PROBE | |
| Registration Number: | 1757600 | TROPIC-COOL | |
| Registration Number: | 1889211 | FILTEREDFLO | |
| Registration Number: | 2407744 | CSZ | |
| Registration Number: | 2541581 | TUNDRA | |
| Registration Number: | 2652663 | RATEMASTER | |
| Registration Number: | 3002273 | MICROCLIMATE | |
| Registration Number: | 3298521 | PENGUIN COLD THERAPY | |
| Registration Number: | 3365052 | STABLE CLIMATE | |
| Registration Number: | 3406370 | GELLI-ROLL | |
| TRADEMARK | | | |

OP \$615.00 0943322

| Property Type | Number | Word Mark |
|----------------------|----------|-----------------|
| Registration Number: | 3410166 | KOOL-KIT |
| Registration Number: | 3654398 | THERMA-TEMP |
| Registration Number: | 4189516 | TIME COMPRESSOR |
| Registration Number: | 4794221 | SURFACETEMP |
| Serial Number: | 86574922 | CARDI-O TEMP |

CORRESPONDENCE DATA

Fax Number: 5134896030

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: 5134897484

Email: cwilson_9191@fuse.net

Correspondent Name: CHARLES R. WILSON

Address Line 1: 4729 Cornell Rd.

Address Line 4: CINCINNATI, OHIO 45241

NAME OF SUBMITTER: Charles R. Wilson

SIGNATURE: /cwilson/

DATE SIGNED: 11/29/2016

Total Attachments: 10

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| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|-------------------------------------|--------|--------|---------|------|------|
| 03/28/2016 | 201608801382 | Conversion Within SOS Records (CVS) | 99.00 | 300.00 | 0.00 | 0.00 | 0.00 |

Receipt

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

MARC W. RUBIN
250 EAST FIFTH STREET
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

180249

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CINCINNATI SUB-ZERO PRODUCTS, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 03/28/2016

Document No(s):

201608801382

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
28th day of March, A.D. 2016.

Jon Husted
Ohio Secretary of State



Form 700 Prescribed by

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SDS-FILE (877-787-3453)
Central Ohio: (614) 486-3910

www.OhioSecretaryofState.gov
dustanr@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 1129
Columbus, OH 43216

Expedite Filing (Two business day processing time)
Requires an additional \$108.00

P.O. Box 1390
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) <input checked="" type="checkbox"/> Converting Within The Records of the Ohio Secretary of State | (2) <input type="checkbox"/> Converting Off The Records of the Ohio Secretary of State (187-VXX) |
|---|--|

| | |
|--|--|
| Name of the converting entity | Cincinnati Sub-Zero Products, Inc. |
| Jurisdiction of Formation | Ohio |
| Charter/Registration Number | 180249 |
| The converting entity is a: (Check Only (1) One Box) | |
| <input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit) <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) <input type="checkbox"/> Domestic Nonprofit Limited Liability Company <input type="checkbox"/> Foreign Nonprofit Limited Liability Company <input type="checkbox"/> Domestic For-Profit Limited Liability Company <input type="checkbox"/> Foreign For-Profit Limited Liability Company | <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Limited Partnership <input type="checkbox"/> Foreign Limited Partnership <input type="checkbox"/> Domestic Limited Liability Partnership <input type="checkbox"/> 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. | |

RECEIVED
2016 JUN 23 PM 1:52
CLIENT SERVICE UNIT

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic Corporation (For-Profit) Partnership

Foreign Corporation (For-Profit or Nonprofit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company Foreign Limited Liability Partnership

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.


Signature

By (if applicable)

Steven Berke
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Cincinnati Sub-Zero Products, Inc.

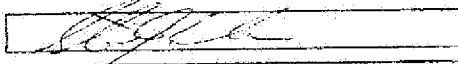
Name of Corporation

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 *Only required for domestic for-profit corporations | 3/26/2016 | 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 | 3/28/2016 Regular: P.O. Box 182413 Columbus, OH 43218-2413 |
| 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] | | The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax. | |

*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.

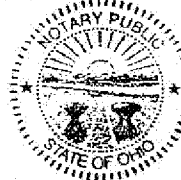
Signature  Title

Name

Mailing Address

City State Zip Code

Sworn to and subscribed in my presence on
Date

Seal 
Notary Public
State of Ohio
My Commission Expires
Section 147.03, R.C.

Commission Expires
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Hamilton

Steven J. Berke
Name of Officer

President
Title of Officer

of Cincinnati Sub-Zero Products, Inc.
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) 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)

Hamilton Butler

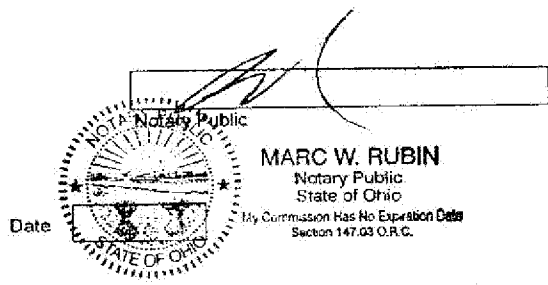
Signature: [Signature]

Title: President

Sworn to and subscribed in my presence on Date 3/27/2016

Seal

Expiration date of Notary Public's Commission





**Department of
Taxation**

Taxpayer Services Division
P.O. Box 182382
Columbus, Ohio 43218-2382
Phone: 888-405-4039
TTY/IDD: 800-750-0750
<http://tax.ohio.gov>

Date: March 25, 2016

CINCINNATI SUB ZERO PRODUCTS INC
MARC W RUBIN
250 EAST FIFTH ST #2350
CINCINNATI, OH 45202
USA

Re: Certificate of Tax Clearance

This certificate certifies that the below stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and tax liabilities that become due after the certificate issue date or as a result of an examination or audit for any period ending prior to the date of dissolution with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for 30 days from the date of issuance as indicated below.

CINCINNATI SUB ZERO PRODUCTS INC
Charter: 180249

Certificate issue date: March 25, 2016

Joseph W. Testa
Tax Commissioner

Note: This certificate must be filed along with all forms prescribed by the Ohio Secretary of State. For filing information, visit Ohio Secretary of State's web site at OhioSecretaryofState.gov.

NO. 6629

MAR 25 2016 4:28 PM





Form 533A Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE
 Toll Free: (877) 505-FILE (877-767-3453)
 Central Ohio: (614) 456-3910
 www.OhioSecretaryofState.gov
 hustedj@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 130
 Columbus, OH 43216
 Expedite Filing (Two business day processing time).
 Requires an additional \$100 fee:
 P.O. Box 1300
 Columbus, OH 43216

**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 (115-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-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 (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.)
(Optional) mm/dd/yyyy

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

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

Cincinnati Sub-Zero Products, 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

Marc W. Rubin

Name of Agent

250 East Fifth Street #2350

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Marc W. Rubin named herein as the statutory agent

Statutory Agent Name

for Cincinnati Sub-Zero Products, LLC

Name of Limited Liability Company

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


Statutory Agent Signature

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.


Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Marc W. Rubin
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

Signature

By (if applicable)

Print Name