

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2


ETAS ID: TM422363

<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>
NILCO, Inc		08/31/2016	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	NILCO, LLC		
<b>Street Address:</b>	1221 West Maple Street		
<b>City:</b>	Hartville		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44632		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87001402	NILCO	
<b>Serial Number:</b>	87001354	NILCO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3177133699		
<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>			
<b>Phone:</b>	317-713-3412		
<b>Email:</b>	twagner@taftlaw.com		
<b>Correspondent Name:</b>	Tiffini S. Wagner		
<b>Address Line 1:</b>	One Indiana Square		
<b>Address Line 2:</b>	Suite 3500		
<b>Address Line 4:</b>	Indianapolis, INDIANA 46204		
<b>NAME OF SUBMITTER:</b>	Tiffini S. Wagner, Paralegal		
<b>SIGNATURE:</b>	/Tiffini S. Wagner/		
<b>DATE SIGNED:</b>	04/04/2017		
<b>Total Attachments: 15</b>			
source=NILCO - LLC conversion document - PA to DE#page1.tif			
source=NILCO - LLC conversion document - PA to DE#page2.tif			
source=NILCO - LLC conversion document - PA to DE#page3.tif			
source=NILCO - LLC conversion document - PA to DE#page4.tif			

OP \$65.00 87001402

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source=NILCO - LLC conversion document - PA to DE#page6.tif  
source=NILCO - LLC conversion document - PA to DE#page7.tif  
source=NILCO Ohio Secty of State Conversion Inc to LLC#page1.tif  
source=NILCO Ohio Secty of State Conversion Inc to LLC#page2.tif  
source=NILCO Ohio Secty of State Conversion Inc to LLC#page3.tif  
source=NILCO Ohio Secty of State Conversion Inc to LLC#page4.tif  
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source=NILCO Ohio Secty of State Conversion Inc to LLC#page8.tif

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>CSC order # 267903-25</u> Name   Corporation Service Company (xx) Return document by email to: <u>cscpa@cscinfo.com</u>	Statement of Conversion DSCB:15-355  TCO160830MC0951
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Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

**A. For the converting association:**

1. The name of the converting association is: NILCO Corporation

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

07/02/1996  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

2016 AUG 30 PM 1:35  
DEPT OF STATE

TRADEMARK  
REEL: 006027 FRAME: 0265





# 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 PENNSYLVANIA CORPORATION UNDER THE NAME OF "NILCO CORPORATION" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "NILCO CORPORATION" TO "NILCO LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF AUGUST, A.D. 2016, AT 11 O`CLOCK A.M.



6137222 8100F  
SR# 20165575191

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202909577  
Date: 08-30-16

**TRADEMARK**  
**REEL: 006027 FRAME: 0268**

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 Pennsylvania.
- 2.) The jurisdiction immediately prior to filing this Certificate is Pennsylvania.
- 3.) The date the corporation first formed is July 2, 1996.
- 4.) The name of the Corporation immediately prior to filing this Certificate is NILCO Corporation.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is NILCO LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
26th day of August, A.D. 2016.

By: /s/ James Smith  
Authorized Person

Name: James Smith  
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 "NILCO LLC"  
FILED IN THIS OFFICE ON THE THIRTIETH DAY OF AUGUST, A.D.  
2016, AT 11 O'CLOCK A.M.



6137222 8100F  
SR# 20165575191

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

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Authentication: 202909577  
Date: 08-30-16

**TRADEMARK**  
**REEL: 006027 FRAME: 0270**



STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:00 AM 08/30/2016  
FILED 11:00 AM 08/30/2016  
SR 20165575191 - File Number 6137222

First: The name of the limited liability company is NILCO LLC

Second: The address of its registered office in the State of Delaware is 2711 Centerville Road, Suite 400 in the City of Wilmington  
Zip code 19808. The name of its Registered agent at such address is Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution. "The latest date on which the limited liability company is to dissolve is \_\_\_\_\_.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
26th day of August, 2016

By: /s/ James Smith  
Authorized Person (s)

Name: James Smith



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/02/2016	201624502908	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00	0.00

**Receipt**

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

CORPORATION SERVICE COMPANY  
STEVE ELIAS  
50 W. BROAD STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
1373852**

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

**NILCO, LLC**

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

Document(s)

**Conversion Within SOS Records**

**Effective Date: 08/31/2016**

Document No(s):

**201624502908**

CHANGE BUSINESS TYPE FOR. 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  
2nd day of September, A.D. 2016.

**Ohio Secretary of State**



Form 700 Prescribed by:  
**JON HUSTED**  
 OHIO SECRETARY OF STATE  
 Toll Free: (877) 806-FILE (877-787-3453)  
 Central Ohio: (614) 466-3910  
 www.OhioSecretaryofState.gov  
 buserv@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 1329  
 Columbus, OH 43216  
 Expedite Filing (Two business day processing time.  
 Requires an additional \$100.00)  
 P.O. Box 1300  
 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)

<input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input checked="" 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 type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

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  
 SECRETARY OF STATE  
 2016 AUG 31 PM 3:57  
 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  (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

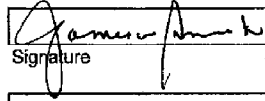
**See Instructions for additional filing requirements if**

(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

Authorized Representative  
By (if applicable)

James Smith  
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.

NILCO Corporation

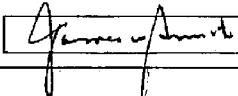
Name of Corporation

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		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	8/30/2016     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]	8/30/2016	<input type="checkbox"/> The corporation is not required to pay or the 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.

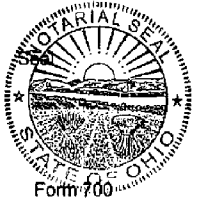
Signature  Title

Name

Mailing Address

City  State  Zip Code

Sworn to and subscribed in my presence on  Date



Kevin Speight  
Notary Public, State of Ohio  
My Commission Expires 07-27-2019

Commission Expires  Date

**AFFIDAVIT OF PERSONAL PROPERTY**

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Section  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)

Signature:

Title:

Sworn to and subscribed in my presence on Date



Kevin Speight  
Notary Public, State of Ohio  
My Commission Expires 07-27-2019

Notary Public

Expiration date of Notary Public's Commission Date



Form 533B Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 465-3810

www.OhioSecretaryofState.gov  
busserve@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Register Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1360  
Columbus, OH 43216

### Registration of a Foreign Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**

CHECK ONLY ONE (1) BOX

(1)  Registration of a Foreign For-Profit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation

Date of Formation

(2)  Registration of a Foreign Nonprofit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

RECEIVED  
2016 AUG 31 PM 3:57  
OHIO SECRETARY OF STATE



The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CSC-Lawyers Incorporating Service (Corporation Service Company)

Name

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

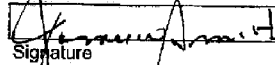
ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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**  
Must be signed by an authorized representative.

  
Signature

Authorized Representative

By (if applicable)

James Smith

Print Name

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.

Signature

By (if applicable)

By (if applicable)

Print Name

Print Name

Signature

By (if applicable)

By (if applicable)

Print Name

Print Name