

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM424462

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900402148		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Pet IQ, LLC		02/19/2016	Limited Liability Company: IDAHO
RECEIVING PARTY DATA			
Name:	PetIQ, LLC		
Street Address:	500 E Shore Dr., Suite 120		
City:	Eagle		
State/Country:	IDAHO		
Postal Code:	83616		
Entity Type:	Limited Liability Company: IDAHO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4990174	PET IQ	
CORRESPONDENCE DATA			
Fax Number:	2083436341		
<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>			
Phone:	208-343-6355		
Email:	ip@pedersenco.com		
Correspondent Name:	Pedersen & Company, PLLC		
Address Line 1:	1410 N. 28th Street		
Address Line 4:	Boise, IDAHO 83703		
ATTORNEY DOCKET NUMBER:	5509		
NAME OF SUBMITTER:	Ken J. Pedersen		
SIGNATURE:	/KEN J. PEDERSEN/		
DATE SIGNED:	04/20/2017		
Total Attachments: 2			
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AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE
2016 FEB 19 PM 2:27

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Pet IQ, LLC

2. The date the certificate of organization was originally filed : June 18, 2010

3. The name of the limited liability company is amended to:
PetIQ, LLC

4. The complete street and mailing addresses of the principal office is amended to:
500 E Shore Dr., Suite 120 Eagle, ID 83616
(Street Address)

(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:
500 E Shore Dr., Suite 120 Eagle, ID 83616
(Address)

6. The name and address of the managers/members shall be amended as follows:

Add: Delete: _____
(Name) (Address)

Add: Delete: _____
(Name) (Address)

Add: Delete: _____
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: Cord Christensen, CEO

Signature:

Printed Name: _____

Signature: _____

Rev. 09/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
02/22/2016 05:00

CK:3626228 CT:172099 BH:1514428
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