

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM428795

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
John Maneely Company		05/31/2016	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Wheatland Tube, LLC		
Street Address:	700 S Dock St.		
City:	Sharon		
State/Country:	PENNSYLVANIA		
Postal Code:	16146		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Registration Number:	3776022	ECO-POLE	
Registration Number:	3725249	PICOMA	
Registration Number:	3980955	WHEATLAND	
Registration Number:	3980974	WHEATLAND TUBE	
Registration Number:	3970554		
Registration Number:	3980972		
CORRESPONDENCE DATA			
Fax Number:	5139290303		
<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:	513-929-3413		
Email:	bhipdocket@bakerlaw.com		
Correspondent Name:	John M. Mueller		
Address Line 1:	312 Walnut Street		
Address Line 2:	Suite 3200		
Address Line 4:	Cincinnati, OHIO 45202		
NAME OF SUBMITTER:	John M. Mueller		
SIGNATURE:	/jmm/		
DATE SIGNED:	05/24/2017		

CH \$165.00 3776022

Total Attachments: 6

source=John Maneely Company-PA-Conversion evidence#page1.tif

source=John Maneely Company-PA-Conversion evidence#page2.tif

source=John Maneely Company-PA-Conversion evidence#page3.tif


source=John Maneely Company-PA-Conversion evidence#page4.tif

source=John Maneely Company-PA-Conversion evidence#page5.tif

source=John Maneely Company-PA-Conversion evidence#page6.tif

Entity# : 217218
Date Filed : 05/31/2016
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

CT - COUNTER 10031333 SOFA I	Statement of Conversion  TCO160531JD1194
City _____ State _____ Zip Code _____	
<input type="checkbox"/> Return document by email to: _____	

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: John Maneely Company

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:

05/18/1933
(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:

Pennsylvania Corporation Act of 1874, as supplemented
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

2016 MAY 31 PM 1: 56

COMM OF PA
DEPT OF STATE

TRADEMARK
REEL: 006067 FRAME: 0940

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: <u>CT Corporation System,</u> _____ Name of Commercial Registered Office Provider Philadelphia County County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ Name of Registered Agent</p> <p>_____ Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 31st day of May, 2016.

John Maneely Company
Name of Converting Association


Signature

Executive Vice President and Secretary
Title

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 208
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV**

**CT Corporation System
Counter Pick Up
Harrisburg PA 17101**


Wheatland Tube, LLC

**As per your request, the above name has been reserved for a period of 120 days beginning
May 12, 2016**

This name reservation expires on September 09, 2016

**Please note that name availabilities can be checked via our "Searchable database" located at
www.corporations.pa.gov/Search/CorpSearch**

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<p style="font-size: 24pt; text-align: center;">CT - COUNTER</p> <p style="font-size: 18pt; text-align: center;">10031333 SOPA 3</p>	<p style="text-align: center;">Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)</p> <div style="text-align: center;"> 8913</div>
---	---

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Wheatland Tube, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete (a) or (b) - not both)

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o: C T Corporation System				Philadelphia County

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Michael McNamara	227 W. Monroe Street, 26th Floor, Chicago, IL 60606

DSCB:15-8913-2

4. ~~Strike out if inapplicable term.~~ ~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. ~~Strike out if inapplicable:~~ ~~Management of the company is vested in a manager or managers.~~

6. The specified effective date, if any is: _____
(MM/DD/YYYY and hour, if any)

7. ~~Strike out if inapplicable:~~ ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

31st day of May, 2016



Signature Michael McNamara

Signature

Signature