

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM435919

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Power Pay, LLC		06/06/2003	Limited Liability Company: MAINE
RECEIVING PARTY DATA			
Name:	PowerPay, LLC		
Street Address:	320 Cumberland Avenue		
City:	Portland		
State/Country:	MAINE		
Postal Code:	04101		
Entity Type:	Limited Liability Company: MAINE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4522173	POWERPAY	
CORRESPONDENCE DATA			
Fax Number:	4152687522		
<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:	4152686538		
Email:	achung@mofo.com		
Correspondent Name:	Jennifer Lee Taylor, Morrison & Foerster		
Address Line 1:	425 Market Street		
Address Line 4:	San Francisco, CALIFORNIA 94105		
NAME OF SUBMITTER:	Jennifer Lee Taylor		
SIGNATURE:	/JLT2/		
DATE SIGNED:	07/20/2017		
Total Attachments: 4			
source=72122-6008.000 Certificate of Correction POWERPAY, LLC#page1.tif			
source=72122-6008.000 Certificate of Correction POWERPAY, LLC#page2.tif			
source=72122-6008.000 Certificate of Correction POWERPAY, LLC#page3.tif			
source=72122-6008.000 Certificate of Correction POWERPAY, LLC#page4.tif			

CH \$40.00 4522173

DOMESTIC
LIMITED LIABILITY COMPANY

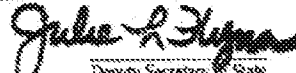
STATE OF MAINE

CERTIFICATE OF CORRECTION

Power Pay, LLC
(Name of Limited Liability Company)

Filing Fee \$20.00

File No. 20032351DC Pages 4
Fee Paid \$ 20
DCN 2033141400022 CORR
FILED
11/06/2003


Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 M.R.S.A. §634, the undersigned, a limited liability company formed under the laws of the State of Maine, executes and delivers for filing this certificate of correction:

FIRST: On 06-06-03 the Secretary of State filed a document delivered for filing by the undersigned limited liability
(date)

company entitled: Articles of Organization
(i.e. Articles of Organization, Articles of Amendment, etc.)

SECOND: Said document is an inaccurate record of the action therein referred to, or was defectively or erroneously executed, sealed or acknowledged.

THIRD: The inaccuracy or defect to be corrected is described as follows:

There was a typographical error in the name of the limited liability company. The space between Power and Pay should be eliminated.

FOURTH: The portion of the said document to be corrected is corrected to read in its entirety as follows:

Article FIRST of the Articles of Organization should be corrected to read:

The name of the Limited Liability Company is: PowerPay, LLC

FIFTH: Said document as so corrected is effective as of the date of original filing set forth in Article FIRST, except as to those persons who are substantially and adversely affected by the correction, and as to those persons the corrected document shall be effective from the date this certificate of correction is filed by the Secretary of State.

MANAGER(S)/MEMBER(S)*
Stephen P. Goodrich
Signature

DATED September 25, 2013
Stephen P. Goodrich, Manager
(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

IF THIS CERTIFICATE OF CORRECTION NAMES A NEW REGISTERED AGENT, THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLLC-18 (6017.2).

The undersigned hereby accepts the appointment as registered agent for the above-named domestic limited liability company.

REGISTERED AGENT

(signature)

DATED _____
(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature) (type or print name and capacity)

- *Certificate MUST be signed by
- (1) at least one manager OR
 - (2) at least one member if the limited liability company is managed by the members; OR
 - (3) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, section 423.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
TEL. (207) 624-7740

FORM NO. MLLC-17 Rev. 5/16/2001

DOMESTIC
LIMITED LIABILITY COMPANY

STATE OF MAINE

ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY

(Check box only if applicable)

- This is a professional limited liability company formed pursuant to 31 MRSA §611 and 13 MRSA Chapter 22.

Filing Fee \$125.00
File No. 20032361DC Pages 2
Fee Paid \$ 125
OCN 2031571400044 LTLC
FILED
06/06/2003
Julie R. Lopez
Deputy Secretary of State
A True Copy When Attested By Signatures
Deputy Secretary of State

Pursuant to 31 MRSA §622, the undersigned adopt(s) the following articles of organization:

FIRST: The name of the limited liability company is

Power Play, LLC

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC"; §602 I.A.)

SECOND: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be

Dennis C. Sbraga

(name)

Prati, Fisherty, Bellevau, Pachios & Haley, LLC One City Center, Portland, ME 04101

(physical location -- same first P.O. Box), city, state and zip code)

Prati, Fisherty, Bellevau, Pachios & Haley, LLC, P.O. Box 9546, Portland, ME 04112-9546

(mailing address if different from above)

THIRD: ("X" use box only)

A. The management of the company is vested in a member or members.

B. 1. The management of the company is vested in a manager or managers. The minimum number shall be 1 managers and the maximum number shall be 7 managers.

2. If the initial managers have been selected, the name and business, residence or mailing address of each manager is:

NAME

ADDRESS

Names and addresses of additional managers are attached hereto as Exhibit _____, and made a part hereof.

FOURTH: Other provisions of these articles, if any, that the members determine to include are set forth in Exhibit _____ attached hereto and made a part hereof.

ORGANIZER'S
Dennis C. Straga
(signature)

(signature)

(signature)

DATED June 5, 2003
Dennis C. Straga
(type or print name)

(type or print name)

(type or print name)

For Organizer(s) which are Entities

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLLC-1R (§607.2).

The undersigned hereby accepts the appointment as registered agent for the above named limited liability company.

REGISTERED AGENT

(signature)

DATED June 5, 2003
Dennis C. Straga
(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature) (type or print name and capacity)

*Articles MUST be signed by

- (1) all organizers OR
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, section 453.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101
FORM NO. MLLC-6 Rev. 6/16/2001 TEL. (207) 624-3740