

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM449333

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	07/03/2017
RESUBMIT DOCUMENT ID:	900419408

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
ROCKPILE ENERGY SERVICES, LLC		07/03/2017	Limited Liability Company: COLORADO

RECEIVING PARTY DATA

Name:	KEANE FRAC, LP
Street Address:	101 KEANE ROAD
City:	LEWIS RUN
State/Country:	PENNSYLVANIA
Postal Code:	16738
Entity Type:	Corporation: PENNSYLVANIA

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	87358126	ROCKVERT III

CORRESPONDENCE DATA

Fax Number: 9134510875
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: 913-451-5153
Email: TDUNKIN@LATHROPGAGE.COM
Correspondent Name: ANNA M. QUINN, LATHROP GAGE LLP
Address Line 1: 10851 MASTIN BLVD.
Address Line 2: SUITE 1000
Address Line 4: OVERLAND PARK, KANSAS 66210

ATTORNEY DOCKET NUMBER:	589191
NAME OF SUBMITTER:	Tammy Dunkin
SIGNATURE:	/Tammy Dunkin/
DATE SIGNED:	11/01/2017

Total Attachments: 9

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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM441377

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	07/03/2017		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ROCKPILE ENERGY SERVICES, LLC		07/03/2017	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	KEANE FRAC, LP		
Street Address:	101 KEANE ROAD		
City:	LEWIS RUN		
State/Country:	PENNSYLVANIA		
Postal Code:	16738		
Entity Type:	Corporation: PENNSYLVANIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	87358126	ROCKVERT III	
CORRESPONDENCE DATA			
Fax Number:	9134510875		
<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:	913-451-5153		
Email:	TDUNKIN@LATHROPGAGE.COM		
Correspondent Name:	ANNA M. QUINN, LATHROP GAGE LLP		
Address Line 1:	10851 MASTIN BLVD.		
Address Line 2:	SUITE 1000		
Address Line 4:	OVERLAND PARK, KANSAS 66210		
NAME OF SUBMITTER:	TAMMY DUNKIN		
SIGNATURE:	/TAMMY DUNKIN/		
DATE SIGNED:	08/30/2017		
Total Attachments: 5			
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CH \$40.00 87358126

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	07/03/2017		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ROCKPILE ENERGY SERVICES, LLC		07/03/2017	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	KEANE FRAC, LP		
Street Address:	101 KEANE ROAD		
City:	LEWIS RUN		
State/Country:	PENNSYLVANIA		
Postal Code:	16738		
Entity Type:	Corporation: PENNSYLVANIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	87358126	ROCKVERT III	
CORRESPONDENCE DATA			
Fax Number:	9134510875		
Phone:	913-451-5153		
Email:	TDUNKIN@LATHROPGAGE.COM		
<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>			
Correspondent Name:	ANNA M. QUINN, LATHROP GAGE LLP		
Address Line 1:	10851 MASTIN BLVD.		
Address Line 2:	SUITE 1000		
Address Line 4:	OVERLAND PARK, KANSAS 66210		
NAME OF SUBMITTER:	TAMMY DUNKIN		
Signature:	/TAMMY DUNKIN/		

TRADEMARK

REEL: 006173 FRAME: 0564

Date: 08/30/2017

Total Attachments: 5

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RECEIPT INFORMATION

ETAS ID: TM441377
Receipt Date: 08/30/2017
Fee Amount: \$40

TRADEMARK

Document processing fee

If document is filed on paper

\$150.00

If document is filed electronically

Currently Not Available

20171513602

\$300.00

Fees & forms/cover sheets are subject to change.

SECRETARY OF STATE

07/03/2017 12:52:18

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Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger

(Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

ID Number

20161550794

(Colorado Secretary of State ID number)

Entity name or true name

RockPile Energy Services, LLC

Form of entity

LLC

Jurisdiction

Colorado

Street address

1200 17th Street

(Street number and name)

Suite 2700**Denver**

(City)

CO

(State)

80202

(ZIP/Postal Code)

USA

(Province - if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province - if applicable)

(Country)

ID Number

20161550778

(Colorado Secretary of State ID number)

Entity name or true name

RockPile Well Services, LLC

Form of entity

LLC

Jurisdiction Colorado

Street address 700 Louisiana Street
(Street number and name)

Suite 4770

Houston TX 77002
(City) (State) (ZIP/Postal Code)

USA
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

ID Number (Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address (Street number and name)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number (Colorado Secretary of State ID number)

OR

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address

(Street number and name)

(City) CO (State) _____ (ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City) CO (State) _____ (ZIP Code)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____
(mm/dd/yyyy hour:minute and/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Checkley Gail

(Last) (First) (Middle) (Suffix)
919 Third Avenue

(Street number and name or Post Office Box information)

New York NY 10022

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)
USA

(If applicable, adopt the following statement by marking the box and include an attachment.)
 This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Entity name or true name **Keane Frac, LP**

Form of entity **Foreign LP**

Jurisdiction **Pennsylvania**

Street address **101 Keane Road**
(Street number and name)

Lewis Run **PA** **16738**
(City) (State) (ZIP/Postal Code)

USA
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving foreign entity.

4. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The surviving foreign entity maintains a registered agent in this state.

OR

The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual)

(Last) (First) (Middle) (Suffix)

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).