

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM464661

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Suttle Apparatus		04/14/2005	Corporation:
RECEIVING PARTY DATA			
Name:	Communications Systems, Inc.		
Street Address:	10900 Red Circle Drive		
City:	Minnetonka		
State/Country:	MINNESOTA		
Postal Code:	55343		
Entity Type:	Corporation: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4054762	SUTTLE	
CORRESPONDENCE DATA			
Fax Number:	6123343312		
<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:	612-334-3222		
Email:	mboyle@wck.com		
Correspondent Name:	Peter J. Ims		
Address Line 1:	900 2ND AVE S		
Address Line 2:	Suite 1400		
Address Line 4:	MINNEAPOLIS, MINNESOTA 55402-3244		
NAME OF SUBMITTER:	Peter j. ims		
SIGNATURE:	/Peter J. Ims/		
DATE SIGNED:	03/07/2018		
Total Attachments: 2			
source=Suttle Apparatus#page1.tif			
source=Certificate of Assumed Name#page1.tif			

OP \$40.00 4054762

AN OR



MINNESOTA SECRETARY OF STATE

CERTIFICATE OF ASSUMED NAME

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

Minnesota Statutes Chapter 333

APR 15 2005

Read the directions on reverse side before completing.

Filing fee: \$25.00

Mary Hoffberger
Secretary of State

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK FOR MICROFILMING PURPOSES.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Suttle Apparatus *m*

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O.Box.

213 South Main Street	Hector	MN	55342
Street	City	State	Zip

3. List the name and complete street address of all persons conducting business under the above Assumed Name or if the business is a corporation, provide the legal corporate name and registered office address of the corporation. Attach additional sheet(s) if necessary.

Name (please print)	Street	City	State	Zip
Communications Systems, Inc.	213 South Main Street	Hector	MN	55342

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in *Minnesota Statutes section 609.48* as if I had signed this certificate under oath.

Curtis A. Sampson
Signature (ONLY one person listed in #3 is required to sign.)

Curtis A. Sampson Chairman & CEO
Print Name and Title

4-14-05
Date

Brian Lucker 1-800-852-8662
Contact Person Daytime Phone Number

Business Record Details

[Print](#) [For Amendment Renewal](#) [Order Copies](#)

[Surrender Application](#)

Minnesota Business Name
Suttle Apperatus

Business Type
Registered Name

M81 Springs
203

Filing Number
1320453-2

Home Jurisdiction
Minnesota

Filing Date
04/15/2005

Status
Inactive

Reversion Due Date
04/15/2015

Principal Place of Business Address
2115 Mason St
Macon, MN 55342
USA

Nameholder

Nameholder Address

Computerized Systems Inc

2135 Mason St, Hector, MN 55342

Filing History

Select the period(s) you would like to order: [View Document Dates](#)

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input checked="" type="checkbox"/>	04/15/2005	Original Filing - Assumed Name (Business Name: Suttle Apperatus)	
<input type="checkbox"/>	4/16/2015	Expired - Assumed Name	