

TRADEMARK ASSIGNMENT COVER SHEET


Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM474512

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Follett Corporation		05/25/2016	Corporation:
RECEIVING PARTY DATA			
Name:	Follett LLC		
Street Address:	801 Church Lane		
City:	Easton		
State/Country:	PENNSYLVANIA		
Postal Code:	18040		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	3081579	CHEWBLET	
Registration Number:	3241139	SMARTGATE	
Registration Number:	3730339	FOLLETT	
Registration Number:	4247753	RIDE	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	officeactions@brinksgilson.com		
Correspondent Name:	Brinks Gilson & Lione		
Address Line 1:	P.O. Box 10395		
Address Line 4:	Chicago, ILLINOIS 60610		
NAME OF SUBMITTER:	Susan H. Frohling		
SIGNATURE:	/Susan H. Frohling/		
DATE SIGNED:	05/17/2018		
Total Attachments: 5			
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source=Follett Statement of Conversion#page3.tif			
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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>10024406 SOPA I</u> Name Address <u>cis-ctharrisburgfulfillment</u> <u>@wolterskluwer.com</u> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: _____	<p style="text-align: center;">Statement of Conversion</p>  <p style="text-align: center;">TCO160525JD0783</p>
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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: Follett Corporation

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:

06/22/1967
(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:

Business Corporation Law of 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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COMM OF PA
DEPT OF STATE

TRADEMARK
REEL: 006332 FRAME: 0386

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p>										
(a) <input checked="" type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">801 Church Lane</td> <td style="width: 20%; border-bottom: 1px solid black;">Easton</td> <td style="width: 15%; border-bottom: 1px solid black;">PA</td> <td style="width: 10%; border-bottom: 1px solid black;">18040</td> <td style="width: 15%; border-bottom: 1px solid black;">Northampton</td> </tr> <tr> <td style="font-size: small;">Number and street</td> <td style="font-size: small;">City</td> <td style="font-size: small;">State</td> <td style="font-size: small;">Zip</td> <td style="font-size: small;">County</td> </tr> </table> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>	801 Church Lane	Easton	PA	18040	Northampton	Number and street	City	State	Zip	County
801 Church Lane	Easton	PA	18040	Northampton							
Number and street	City	State	Zip	County							
<input type="checkbox"/>	<p>If the converting 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>_____</p> <p style="font-size: small; text-align: center;">Number and street City State Zip County</p>										
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, 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:</p> <p>_____</p> <p style="font-size: small; text-align: center;">Number and street City State Zip</p>										

B. For the converted association:

1. The name of the converted association is: Follett LLC
2. The jurisdiction of formation of the converted association is: Pennsylvania
3. The type of association is (check only one):

<input 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 checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

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) <u>801 Church Lane</u> <u>Easton</u> <u>PA</u> <u>18040</u> <u>Northampton</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></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>_____ <small>Number and street City State Zip County</small></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>_____ <small>Number and street City State Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ <small>Name of Registered Agent</small></p> <p>_____ <small>Number and street City State Zip</small></p>

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

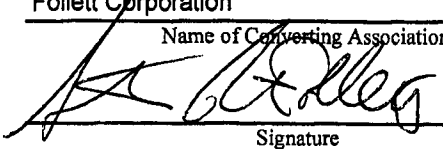
- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: _____ at _____.
Date (MM/DD/YYYY) Hour (if any)

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 25th day of May, 2016.

Follett Corporation
Name of Converting Association

Signature
President and Chief Executive Officer
Title

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <u>1002440650PA1</u> <hr/> Address <u>cls-ctharrisburgfulfillment</u> <u>@waterskluwer.com</u> <hr/> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: _____	<p>Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)</p>  8913
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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*):

Follett 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
<u>801 Church Lane</u>	<u>Easton</u>	<u>PA</u>	<u>18040</u>	<u>Northampton</u>

(b) Name of Commercial Registered Office Provider	County
<u>c/o:</u>	_____

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

Name	Address
<u>David M. Speers</u>	<u>1701 Market Street, Philadelphia, PA 19103</u>
_____	_____
_____	_____

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

25th day of May, 2016.

Signature

Signature

Signature