

08/08/2018



REC
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To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Shipman Associates, Inc.

- Individual(s)
- Partnership
- Corporation- State: _____
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s): 12-31-2014

- Assignment
- Security Agreement
- Other Entity Conversion
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Shipman Associates, LLC d/b/a theBalm

Street Address: 1000 Atlantic Ave, Suite 100

City: Alameda

State: California

Country: United States of America Zip: 94501

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship USA (Delaware)
- Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) Text

B. Trademark Registration No.(s)

78952511, 78604787, 78476292, 78868598, 77023231

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Shipman Associates, LLC d/b/a theBalm

Internal Address: _____

Street Address: 1000 Atlantic Ave, Suite 100

City: Alameda

State: CA Zip: 94501

Phone Number: 415-592-8860

Docket Number: _____

Email Address: marissa@thebalm.com; sarah@thebalm.com

6. Total number of applications and registrations involved:

5

7. Total fee (37 CFR 2.6(b)(6) & 3.41)

\$ Fee OK

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

Marissa Shipman

6/27/2018

Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:

1

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

MRD 6-27-18

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "SHIPMAN ASSOCIATES, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "SHIPMAN ASSOCIATES, INC." TO "SHIPMAN ASSOCIATES, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 2:16 O'CLOCK P.M.

3014399 8100V

141608349

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2004942

DATE: 01-02-15

TRADEMARK
REEL: 006407 FRAME: 0557

Delaware

PAGE 2

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "SHIPMAN ASSOCIATES, LLC" FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 2:16 O'CLOCK P.M.



3014399 8100V

141608349

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2004942

DATE: 01-02-15

TRADEMARK
REEL: 006407 FRAME: 0558

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is March 16, 1999.
- 4.) The name of the Corporation immediately prior to filing this Certificate is
Shipman Associates, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is Shipman Associates, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
31st day of December, A.D. 2014.

By: 
Authorized Person

Name: Marissa Shipman
Print or Type

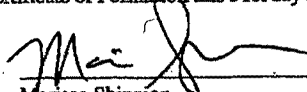
CERTIFICATE OF FORMATION
OF
SHIPMAN ASSOCIATES, LLC
A LIMITED LIABILITY COMPANY

FIRST: The name of the limited liability company is:

Shipman Associates, LLC

SECOND: Its registered office in the State of Delaware is to be located at 1679 S. Dupont Hwy, Suite 100 in the City of Dover, County of Kent 19901, and its registered agent at such address is Registered Agent Solutions, Inc.

IN WITNESS WHEREOF, the undersigned, being the individual forming the Company, has executed, signed and acknowledged this Certificate of Formation this 31st day of December, 2014.



Marissa Shipman
Authorized Person

BN 17518400v1