# OP \$1090.00 2905257

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM485949

| SUBMISSION TYPE:      | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | CHANGE OF NAME |

### **CONVEYING PARTY DATA**

| Name                                    | Formerly | Execution Date | Entity Type           |
|---|----------|----------------|-----------------------|
| PB USA Meat Snacks<br>Acquisition Corp. |          | 05/31/2018     | Corporation: DELAWARE |

### **RECEIVING PARTY DATA**

| Name:           | Oberto Snacks, Inc.         |
|-----------------|-----------------------------|
| Street Address: | 100 - 10991 Shellbridge Way |
| City:           | Richmond, British Columbia  |
| State/Country:  | CANADA                      |
| Postal Code:    | V6X 3C6                     |
| Entity Type:    | Corporation: DELAWARE       |

### **PROPERTY NUMBERS Total: 43**

| Property Type        | Number  | Word Mark         |
|----------------------|---------|-------------------|
| Registration Number: | 2905251 | OH BOY! OBERTO    |
| Registration Number: | 0984080 | OBERTO            |
| Registration Number: | 5267039 | OBERTO            |
| Registration Number: | 2937913 | ОН ВОҮ!           |
| Registration Number: | 1876179 | BACON CURLS       |
| Registration Number: | 1622722 |                   |
| Registration Number: | 1892262 | CATTLEMAN'S CUT   |
| Registration Number: | 0884260 | COCKTAIL PEP      |
| Registration Number: | 1091503 | DENVER DAN'S      |
| Registration Number: | 1512914 | LONG RIDER        |
| Registration Number: | 1515610 | LONG RIDER        |
| Registration Number: | 2330182 | LOWREY'S          |
| Registration Number: | 2957093 | LOWREY'S          |
| Registration Number: | 1698457 | LOWREY'S BIG BEEF |
| Registration Number: | 1687265 | LOWREY'S BIG BEEF |
| Registration Number: | 0826990 | OH BOY! OBERTO    |
| Registration Number: | 2298932 | OH BOY! OBERTO    |
| Registration Number: | 1268104 | OH BOY! OBERTO    |
| Registration Number: | 1409654 | PACIFIC GOLD      |
|                      | ·       | TRADEMARK         |

900462222 REEL: 006412 FRAME: 0529

| Property Type        | Number   | Word Mark                        |
|----------------------|----------|----------------------------------|
| Registration Number: | 4364999  | PACIFIC GOLD                     |
| Registration Number: | 0906865  | PEP                              |
| Registration Number: | 1807763  | PEP LOG                          |
| Registration Number: | 2025333  | SHORT STOPS                      |
| Registration Number: | 0829875  | SMOK'A'RONI                      |
| Registration Number: | 4422171  |                                  |
| Registration Number: | 5166689  | OBERTO                           |
| Registration Number: | 5277412  | OBERTO                           |
| Registration Number: | 5360723  | OBERTO                           |
| Registration Number: | 4983573  | OBERTO                           |
| Registration Number: | 5277413  | OBERTO                           |
| Registration Number: | 5360724  | OBERTO                           |
| Registration Number: | 4975796  | 0                                |
| Serial Number:       | 87033847 | 0                                |
| Registration Number: | 4529623  | EAT EXCELLENT. BE EXCELLENT.     |
| Registration Number: | 5306819  | YOU GET OUT WHAT YOU PUT IN      |
| Serial Number:       | 87594139 | YOU GET OUT WHAT YOU PUT IN      |
| Serial Number:       | 86559586 | MOUNTAIN JACK                    |
| Serial Number:       | 87005184 | WHERE STEAK MEETS GLORY          |
| Serial Number:       | 87101613 | AS GOOD AS IT GETS               |
| Serial Number:       | 87423087 | CLEAN AND JERK                   |
| Serial Number:       | 87649317 | FOUNDER'S RESERVE                |
| Serial Number:       | 87649312 | SINCE 1918 CELEBRATING 100 YEARS |
| Serial Number:       | 87856179 | OH BOY! OBERTO DELI CLASSICS     |

### **CORRESPONDENCE DATA**

**Fax Number:** 5125364598

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:** 512-474-5201

**Email:** aoipdocket@nortonrosefulbright.com,

ruth.przygoda@nortonrosefulbright.com

Correspondent Name: Norton Rose Fulbright US LLP
Address Line 1: 98 San Jacinto Blvd., Suite 1100

Address Line 4: Austin, TEXAS 78701

| ATTORNEY DOCKET NUMBER: | 1001040023            |
|-------------------------|-----------------------|
| NAME OF SUBMITTER:      | Alicia Morris Groos   |
| SIGNATURE:              | /Alicia Morris Groos/ |
| DATE SIGNED:            | 08/14/2018            |

TRADEMARK
REEL: 006412 FRAME: 0530

### **Total Attachments: 3**

source=PB USA Meat-Oberto Snacks Name Change#page1.tif source=PB USA Meat-Oberto Snacks Name Change#page2.tif source=PB USA Meat-Oberto Snacks Name Change#page3.tif

> TRADEMARK REEL: 006412 FRAME: 0531



Secretary of State
State of Washington
Date Filed: 05/31/2018
Effective Date: 05/31/2018

UBI No: 604 267 750

|              | Filing Fee, non-profit corp: \$20        |                     |
|--------------|--|---------------------|
| $\checkmark$ | Filing Fee, all others: \$30             | !                   |
| <b>√</b>     | With Expedited Service: add an additiona | ,<br>1 <b>\$</b> 50 |

For office use only

## FOREIGN REGISTRATION AMENDMENT

| 1. Entity Information  Entity Name (as recorded with WA Sec. of State): PB USA Meat Snacks Acquisition Corp.   |                     | <b>ИВІ#</b> <i>(іІ</i>  | applicable)<br>604 267 750  |  |
|--|---------------------|---|---|--|
| New Entity Name (if different than above): Ober  | rto Snacks Inc.     |   |   |  |
| above name not available, name to be used in WA:   |                     |   |   |  |
| Current Jurisdiction of Formation (State or Country): Delaware   | New Jurisdiction of | Formation: N/A  |   |  |
| Current Entity Type (if LP, indicate whether entity is an LLLP): Corporation                                   | New Entity Type (ii | New Entity Type (if LP, indicate whether entity is an LLLP):  N/A |   |  |
| 2. Effective Date  IffectiveDate: Upon Filing, or SpecificDate  A. Dringing Loffice Information (must be some) | <del>L</del>        | days AF<br>filed by S   | a dale must be wilhin 90<br>FER the Amendment has beer<br>Secretary of State) |  |
| 3. Principal Office Information (must be completreet Address of Principal Office:                              |                     |   | ······  |  |
|  | 91 Shellbridge Wa   |   |   |  |
| Richmond, BC   |                     | State:<br>Canada  | z <sub>ip:</sub> V6X 3C6  |  |
| lailing Address of Principal Office (if different than above):   |                     | <del>,</del> -  |   |  |
| ity:   |                     | State:  | Zip:  |  |
| treet Address of Required Office in Home Jurisdiction (if applicable)  |                     |   |   |  |
| ity:   |                     | State:  | Zip:  |  |
| alling Address of Required Office in Home Jurisdiction (if different the                                       | han aboye):         |   | <u> </u>  |  |
| ily:   |                     | State:  | Zip:  |  |

**REQUIRED:** if a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

CORPORATIONS INFORMATION AND ASSISTANCE - (360) 725-0377

Page: 1 of 3



| Executor Information  This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and co  GEORGE PALEOLOGOU  President  Signature (required)  Print Name  Title  Difference are non-refunded and payments must be in US curtous drawn on a US of Box 40234  Make checks and Money Orders pay  | (must select one)  | egistered Agent                | Non-Commercia             | al Registered Agent    |
|--|--|--------------------------------|---------------------------|------------------------|
| Ity:    State: WA   Zip:   | urrent or New Registered Agent Name:                           | <u> </u>                       |                           |                        |
| CONSENT TO SERVE AS REGISTERED AGENT:  I consent to serve as Registered Agent in the State of Washington for the above named entity. I und it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the and to immediately notify the Office of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Dat  Executor Information  This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and concept of the secretary of State in the secretary of | hysical Address in WA (required if non-commercial registered a | agent):                        |                           |                        |
| CONSENT TO SERVE AS REGISTERED AGENT:  I consent to serve as Registered Agent in the State of Washington for the above named entity. I und it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the and to immediately notify the Office of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the best of my knowledge, true and construction  GEORGE PALEOLOGOU  President  Signature (required)  Print Name  Title  Difference are non-refunction  All fees are non-refunction  All payments must be in US curtically and the checks and Money Orders paymake | Ry:  |                                | State: WA                 | Zip:                   |
| CONSENT TO SERVE AS REGISTERED AGENT:  I consent to serve as Registered Agent in the State of Washington for the above named entity. I und it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the and to immediately notify the Office of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Date of the Secretary of State if I resign or change my address.  | tailing Address in WA (optional):                              |                                |                           |                        |
| I consent to serve as Registered Agent in the State of Washington for the above named entity. I und it will be my responsibility to accept Service of Process on behalf of the entity; to forward mail to the and to immediately notify the Office of the Secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Dat  Executor Information This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and concept of the secretary of State if I resign or change my address.  Signature (required if agent has changed)  Print Name  Title  Dat  GEORGE PALEOLOGOU  President  Print Name  Title  Dat  All fees are non-reficable for the Secretary of State if I resign or change my address.   | ity:   | +                              | State: WA                 | Zip:                   |
| Executor Information  This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and co  GEORGE PALEOLOGOU  President  Signature (required)  Print Name  Title  OF All fees are non-refunded in US cure of the payments must be in US cure of the payments and the payments are payments and the payments and the payments are payments are payments and the payments are payments are payments and the payments are | and to immediately notify the Office of the Sec                | cretary of State i<br>:<br>    | f I resign or change my   | address.               |
| GEORGE PALEOLOGOU President  Signature (required)  RETURN COMPLETED FORM AND PAYMENT TO:  O1 Capitol Way S  O Box 40234  Make checks and Money Orders pay  | Signature (required if agent has changed)                      | Print Name                     | Title                     | Date                   |
| Signature (required)  RETURN COMPLETED FORM AND PAYMENT TO:  O1 Capitol Way S  O Box 40234  Make checks and Money Orders pay   |  | ;<br>;<br>f perjury, and is, t | to the best of my knowled | lge, true and correct. |
| Signature (required)  Print Name  Title  Discrete Completed FORM AND PAYMENT TO:  All fees are non-refusive All payments must be in US cure drawn on a US Composition of the Composition |  | GEORGE                         | PALEOLOGOU                |                        |
| RETURN COMPLETED FORM AND PAYMENT TO:  All fees are non-refu All payments must be in US cur drawn on a U PO Box 40234  Make checks and Money Orders pay  |  | *<br>**                        |                           | . 5/3//                |
| All payments must be in US cur<br>drawn on a U<br>O Box 40234 Make checks and Money Orders pay   | Signature (required)   | Print Name                     | Title                     | Date                   |
|  |  | NT TO:                         | All payments mus          | drawn on a US bank     |
|  | PO Box 40234   | ·<br>!                         |                           |                        |
|  | PO Box 40234<br>Olympia, WA 98504                              |                                |                           |                        |

# <u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OBERTO SNACKS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OBERTO SNACKS INC." WAS INCORPORATED ON THE SIXTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

6833295 8300

SR# 20184764952

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

Jeffrey VI, Bizliock, Secretary of State

Authentication: 202798565

Date: 05-31-18

RECORDED: 08/14/2018

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