# OP \$40.00 2560434

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM486392 Stylesheet Version v1.2

 SUBMISSION TYPE:
 NEW ASSIGNMENT

 NATURE OF CONVEYANCE:
 CHANGE OF NAME

## **CONVEYING PARTY DATA**

| Name                                | Formerly | Execution Date | Entity Type       |
|-------------------------------------|----------|----------------|-------------------|
| Electric Sweeper Service<br>Company |          | 11/03/2017     | Corporation: OHIO |

# **RECEIVING PARTY DATA**

| Name:              | MERC ACQUISITIONS, INC. |
|--------------------|-------------------------|
| Doing Business As: | ESSCO                   |
| Street Address:    | 1933 Highland Road      |
| City:              | Twinsburg               |
| State/Country:     | OHIO                    |
| Postal Code:       | 44087                   |
| Entity Type:       | Corporation: OHIO       |

## **PROPERTY NUMBERS Total: 1**

| Property Type        | Number  | Word Mark |
|----------------------|---------|-----------|
| Registration Number: | 2560434 | DUST LOCK |

# **CORRESPONDENCE DATA**

**Fax Number:** 3175925453

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:** (317) 236-5882

**Email:** h.banta@icemiller.com, ipdocket@icemiller.com,

ryan.wilkinson@icemiller.com

Correspondent Name: Holiday W. Banta
Address Line 1: One American Square

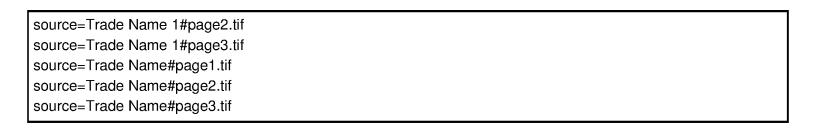
Address Line 2: Suite 2900

Address Line 4: Indianapolis, INDIANA 46282

| ATTORNEY DOCKET NUMBER: | 33257.0001         |
|-------------------------|--------------------|
| NAME OF SUBMITTER:      | Holiday W. Banta   |
| SIGNATURE:              | /Holiday W. Banta/ |
| DATE SIGNED:            | 08/16/2018         |

**Total Attachments: 6** 

source=Trade Name 1#page1.tif





DATE 11/06/2017 DOCUMENT ID 201731003332

DESCRIPTION TRADE NAME REGISTRATION (RNO) **FILING** 39.00

COPY CERT

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM 4400 EASTON COMMON WAY **SUITE 125** COLUMBUS, OH 43219

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

4092714

It is hereby certified that the Secretary of State of Ollio has custody of the business records for

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

201731003332

TRADE NAME REGISTRATION

Effective Date: 11/03/2017

Date of First Use:

12/29/1988

MERC ACQUISITIONS INC 1933 HIGHLAND ROAD

TWINSEURG, OH 44087

Expiration Date:

11/03/2022

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of November, A.D. 2017.

United States of America State of Ohio Office of the Secretary of State for Hostel

Ohio Secretary of State



Form 534A Prescribed by:

# Jon Husted Ohio Secretary of State

Toli Free: (877) SOS-FILE (877-767-3453) Central Ohio: (814) 468-3910

www.OhioSecretaryofState.gov busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43216

| Name Regis<br>Filing Fee:<br>Form Must Be  | \$39                      | 8 - VOW LIB |
|--|---------------------------|-------------|
| CHECK ONLY ONE (1) Box   |                           | <u> </u>    |
| Trade Name (167-RNO)   | Fictitious Name (169-NFO) |             |
| Date of first use: 12/29/1988  |                           |             |
| MM/DD/YYYY   |                           |             |
| ESSCO  |                           |             |
| Name being Registered or Reported  |                           |             |
| Mere Acquisitions Inc  |                           |             |
| Name of the Registrant   |                           |             |
| Registrant's Entity Number (if registered with Ohio Secretary of State of S | ate): 739106              |             |
| Service, repair and sell replacement parts for vacuum cleaners and other   | household appliances.     |             |
|  |                           |             |
| Business address:  |                           |             |
| 1933 Highland Road   |                           |             |
| Mailing Address  |                           | ·           |
| Twinsburg  | Ohio                      | 44087       |
| City   | State                     | Zip Code    |

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Last Revised; 9/24/2015

| parameter and the same and the | 20021200000000000000000000000000000000 |                              |               |                                 |   |  |                           |
|---|--|------------------------------|---------------|---------------------------------|---|--|---------------------------|
| Complete the information  | in this section if                     | registran                    | t is a partne | rship NOT re                    | gistered in O                           | hio pursuant   | to                        |
| ORC 1776, if partnership is   | registerea, pro                        | vide regist                  | tration num   | ber on page o                   | one.                                    |  |                           |
| Provide the name and address  | ss of <u>at least one</u>              | general pa                   | artner:       |                                 |   |  |                           |
| Name  |  |                              | Address       |                                 |   |  |                           |
|   |  |                              |               |                                 |   |  |                           |
|   |  |                              |               |                                 |   |  |                           |
|   |  |                              |               |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·  |                           |
|   |  |                              |               |                                 |   |  |                           |
| NOTE: Pursuant to OAG 89-<br>transact business in Ohio; if a<br>assumed name, please provi  | general partner                        | is a foreign                 | n corporation | /limited liabilit               | y company lice                          | ensed in Ohio  | e licensed to<br>under an |
|   |  |                              |               |                                 |   | and the second s |                           |
|   |  |                              |               |                                 |   |  |                           |
|   |  |                              |               |                                 |   |  |                           |
| By signing and submitting this requisite authority to execute   | s form to the Ohio<br>this document.   | o Secretary                  | of State, th  | e undersigned                   | I hereby certific                       | es that he or s  | he has the                |
| Required  | 000                                    | - 1E                         |               |                                 |   | 1  |                           |
| Application must be   | Signature                              | 2 de 7                       |               |                                 |   |  |                           |
| signed by the registrant or an authorized representative.   | Signature                              | 0                            |               |                                 |   |  |                           |
| an admonized representative.  | 1                                      | . / <                        | - V1          | 2-5                             | ······································  |  |                           |
| If authorized representative is an individual, then they  | By (if applicable                      | e)                           | maci          | 7                               |   |  |                           |
| must sign in the "signature"  | James L. Smeltz                        | ar Dracidan                  | .+            |                                 |   |  |                           |
| box and print their name in the "Print Name" box.   | Print Name                             | er, r restuen                |               |                                 | ······································  |  |                           |
| If authorized representative is<br>box, an authorized representa<br>box.  | a business entit                       | y, not an in<br>ess entity n | dividual, the | n please print<br>he "By" box a | the business ind print their n          | name in the "s<br>name in the "P   | ignature"<br>rint Name"   |

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Page 2 of 2

Last Revised: 9/24/2015



DATE 11/06/2017 DOCUMENT ID 201731003330

DESCRIPTION TRADE NAME REGISTRATION (RNO) FILING 39.00

0.00

COPY 0.00 0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM 4400 EASTON COMMON WAY **SUITE 125** COLUMBUS, OH 43219

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 4092713

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

# **ELECTRIC SWEEPER SERVICE CO**

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

201731003330

TRADE NAME REGISTRATION

Effective Date: 11/03/2017

Date of First Use:

05/05/1989

MERC ACQUISITIONS INC 1933 HIGHLAND ROAD

**Expiration Date:** 

11/03/2022

TWINSBURG, OH 44087

United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of November, A.D. 2017.

Jon Hustel

Ohio Secretary of State



Form 534A Prescribed by:

### JON HUSTED OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453) Central Ohio: (614) 486-3910

www.OhioSecreteryofState.gov busserv@OhioSecreteryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional \$100.00)

P.O. Box 1390 Columbus, OH 43215

| Name Regist Filing Fee: \$ Form Must Be T   | 39                   |
|---|----------------------|
| CHECK ONLY ONE (1) Box  Trade Name  | ☐ Fictitious Name    |
| (167-RNO)   | (169-NFO)            |
| Date of first use: 05/05/1989   |                      |
| MM/DD/YYYY  |                      |
| Electric Sweeper Service Co.  |                      |
| Name being Registered or Reported   |                      |
| Merc Acquisitions Inc   |                      |
| not permitted but are required on page 2 of the form.  Registrant's Entity Number (if registered with Ohio Secretary of Sta  All registrants must complete the information in this section  The general nature of business conducted by the registrant: | te): 739106          |
| Service, repair and sell replacement parts for vacuum cleaners and other  | ousehold appliances. |
| Business address;   |                      |
| 1933 Highland Road  |                      |
| Mailing Address   |                      |
| Twinsburg   | Ohio 44087           |
| City  | State Zip Code       |

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Last Revised: 9/24/2015

| Provide the name and addre   |   |   |   |
|--|---|---|---|
| Name   |   | Address   |   |
|  |   |   | N. W.   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
| Le-  |   | a foreign corporation/limited liability con   |   |
| ssumed name, please pro  | if a general partner is a for<br>ovide the assumed name a                   | gn corporation/limited liability company li<br>I the name as registered in its jurisdiction   | icensed in Ohio under an<br>n of formation. |
| essumed name, please pro   | ovide the assumed name a  | gn corporation/limited liability company li<br>I the name as registered in its jurisdiction<br>ry of State, the undersigned hereby cert | n of formation.                             |
| assumed name, please pro   | ovide the assumed name a  | I the name as registered in its jurisdiction  | n of formation.                             |
| assumed name, please pro- By signing and submitting the equisite authority to execute the equired application must be  | this form to the Ohio Secrete this document.                                | I the name as registered in its jurisdiction  | n of formation.                             |
| By signing and submitting the equisite authority to execute the Application must be signed by the registrant or  | this form to the Ohio Secrete this document.                                | I the name as registered in its jurisdiction  | n of formation.                             |
| By signing and submitting the requisite authority to execute Application must be signed by the registrant or an authorized representative of authorized representatives an individual, then they | this form to the Ohio Secrete this document.  Signature  By (if applicable) | I the name as registered in its jurisdiction  | n of formation.                             |
| assumed name, please pro   | this form to the Ohio Secrete this document.  Signature  By (if applicable) | ry of State, the undersigned hereby cert  | n of formation.                             |

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OH014 - 9/23/2016 Wolters Kluwer Online

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