

08/28/2018

Form PTO-1594 (Rev. 6-12)
OMB Collection 0651-0027 (exp. 04/30/2018)



DEPARTMENT OF COMMERCE
Patent and Trademark Office

Re 103679460 RE

103679573

MRD 6-27-18

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) Association
 Partnership Limited Partnership
 Corporation- State: _____
 Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes No
Additional names, addresses, or citizenship attached?
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 _____
 Other LLC Citizenship DELAWARE

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)

3. Nature of conveyance/Execution Date(s):
Execution Date(s) 12-31-14

Assignment Merger
 Security Agreement Change of Name
 Other Entity Conversion

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) _____
See attached _____

Additional sheet(s) attached? Yes No

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

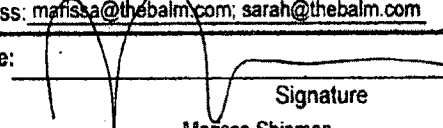
5. Name & address of party to whom correspondence concerning document should be mailed:
Name: Shipman Associates, LLC d/b/a theBalm
Internal Address: _____
Street Address: 1000 Atlantic Ave, Suite 100
City: Alameda
State: CA Zip: 94501
Phone Number: 415-592-8860
Docket Number: _____
Email Address: manissa@thebalm.com; sarah@thebalm.com

6. Total number of applications and registrations involved: 82

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:  _____ Date: 6/27/2018

Signature
Manissa Shipman

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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

Trademark Number
86160775
77120801
77316161
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Delaware

PAGE 1

The First State

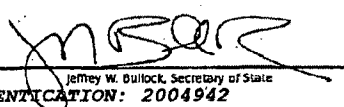
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "SHIPMAN ASSOCIATES, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "SHIPMAN 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: 006423 FRAME: 0332

Delaware

PAGE 2

The First State

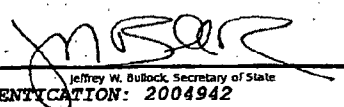
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "SHIPMAN ASSOCIATES, LLC" FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014, AT 2:16 O'CLOCK P.M.

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: 006423 FRAME: 0333

State of Delaware
Secretary of State
Division of Corporations
dated 02:16 PM 12/31/2014
LED 02:16 PM 12/31/2014
SRV 141608349 - 3014399 FILE

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

State of Delaware
Secretary of State
Division of Corporations
Filed 02:16 PM 12/31/2014
FILED 02:16 PM 12/31/2014
SRV 141608349 - 3014399 FILE

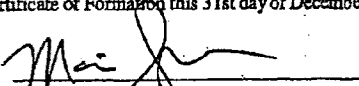
CERTIFICATE OF FORMATION
OF
SHIPMAN ASSOCIATES, LLC
A LIMITED LIABILITY COMPANY

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