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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM482980

NATURE OF CONVEYANCE: Entity Conversion AND Change of Name

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
First Quality Nonwovens, Inc.		07/02/2018	Corporation: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	PFNonwovens LLC
Street Address:	101 Green Mountain Road
City:	Hazleton
State/Country:	PENNSYLVANIA
Postal Code:	18202
Entity Type:	Limited Liability Company: PENNSYLVANIA

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	3002505	COMBAR
Registration Number:	3687705	KAZZMERE
Registration Number:	2936797	PILLOW BOND
Serial Number:	87130719	PYTHON
Serial Number:	87130552	SAFESEAL
Serial Number:	86393148	SILKSPUN+
Serial Number:	87130638	TENDER TOUCH
Serial Number:	87731924	XTEND

CORRESPONDENCE DATA

Fax Number: 2123368001

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: 2123368000

Email: ptodocket@arelaw.com

Correspondent Name: Holly Pekowsky, Esq., AR&E LLP
Address Line 1: 90 Park Avenue, 21st Floor
Address Line 4: New York, NEW YORK 10016

NAME OF SUBMITTER: Holly Pekowsky

SIGNATURE: /Holly Pekowsky/

DATE SIGNED:	07/23/2018
Total Attachments: 5	
source=Statement of Conversion - PFNe	onwovens LLC#page1.tif
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Entity# : 2717828 Date Filed : 07/02/2018 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: CSC # 5-83572 -05	Statement of Conversion DSCB:15-355 (7/1/2015)
CSC	TML180705MW0716
(xx)Return document by email to: cscpa@cscglobal.com	
Read all instructions	prior ti
Fee: \$70	-
In compliance with the requirements of the applicable properties conversion, the undersigned association, desiring to effect a conversion.	rovisions of 15 Pa.C.S. § 355 (relating to Statement of onversion, hereby states that:
A. For the converting association:	
1. The name of the converting association is: First Quality	Nonwovens, Inc.
2. The jurisdiction of formation of the converting associate	ion is: Pennslyvania
3. The type of association is (check only one):	
☑ Business Corporation ☐ Limited Partnersh ☐ Nonprofit Corporation ☐ Limited Liability ☐ Limited Liability ☐ Limited Liability	(General) Partnership Professional Association
4. Date on which the association was created, incorporated	, formed or otherwise came into existence:
10/06/1996 (MM/DD/YYYY)	
 If the converting association is a domestic filing associa corporation, limited partnership, limited liability compar under which it was first created, incorporated, formed or 	ny, professional association or business trust), the statute
Business Corporation Law of 1988 (ex. Business Corporation Law of 1988, Limited Liability Company	

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

		a domestic filing association, domestic limite the current registered office address as on file vooth:			
v	(a)Number and street	City St	ate	Zip	County
	(b) c/o: CT Corporation System Name of Commercial Registere				Dauphin
	Name of Commercial Registere	ed Office Provider			County
		domestic association that is not a domestic including street and number, if any, of its principle.			or limited
	Number and street	City St	ate	Zip	County
	any, of its registered or similar of or if it is not required to maintain	n nonregistered foreign association, the addresse, if any, required to be maintained by the last a registered or similar office, its principal office.	aw of its ce:	jurisdiction	
	Number and street	City	tate	Zip	
	For the converted association:				
	1. The name of the converted assoc	iation is: PFNonwovens LLC		-	
2	2. The jurisdiction of formation of t	the converted association is: Pennslyvania	**************************************	Party of the state	
3	3. The type of association is (check	only one):			
	☐ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company	☐ Limited Partnership ☐ Limited Liability (General) Partnership ☐ Limited Liability Limited Partnership		siness Trust ofessional A	

4. Check and complete one of the following addresses for the converted association.

	If the converted association is registered foreign association,		ce address. Co			
区	(a)					
	Number and street		City	State	Zip	County
	(b) c/o: CT Corporation System Name of Commercial Register	end Office Describer				Dauphin
	Name of Commercial Register	rea Office 1/10Adet				County
	If the converted association is a liability partnership, the addres					r limited
as.	Number and street		City	State	Zip	County
	If the converted association is a (1) The address, including street maintained by the law of its juris office, its principal office addres	and number, if a diction of formati	ny, of its regist	ered or similar office	, if any, requi	
	Number and street		City	State	Zip	
	(2) The name and address, inclu-	ding street and no	mber of its re	rictered agent		
		oung shoot and he	unioci, or its re	sistored agont.	Andreas Agricological	
	Name of Registered Agent					
	en in transport of the second				for the second second	5.0
	Number and street		City	State	Zip	
D. A	Number and street Effective date of statement of con This Statement of Conversion s This Statement of Conversion s Experience of Conversion by conver For converting association that Pa.C.S. Chapter 3, Subchapter For converting association that of the jurisdiction of formation	shall be effective shall be effective rting association is a domestic entitle (relating to conits a foreign association association).	nd if appropria upon filing in t on: Date (I (check only on ily - The plan oversion).	te complete, one of the Department of Standard MM/DD/YYYY) ie): of conversion was ap	he following) nte. at Hour (if	any) ordance with 15
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PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

🗌 Ret	urn document by mail to:	Certificate of Organization
csc	Order #283572-010	Domestic Limited Liability Company
Name		DSCB:15-8821 (rev. 2/2017)
Addres	S	4 19919 1912 1917 1917 1917 1917
	_	
	CSC	
(xx)	Return document by email to: cscpa@cscglobal.com	8821
Re	ad all instructions prior to completing. This form may be	be submitted online at https://www.corporations.pa.gov/ .
Fee	e: \$125	ned small business fee exemption (see instructions)
uno	In compliance with the requirements of 15 Pa.C.S. dersigned desiring to organize a limited liability comparately.	
1.	The name of the limited liability company is: PFNonw (designator is required, e.g., "company," "limited" or "	
2.	Complete part (a) or (b) – not both:	
	(a) The address of this limited liability company's re- (post office box alone is not acceptable)	gistered office in this Commonwealth is:
	Number and Street City	State Zip County
	(b) The name of this limited liability company's com is:	mercial registered office provider and county of venue
	c/o: CT Corporation System	Dauphin
	Name of Commercial Registered Office Provider	County
3.	The name of each organizer is (all organizers must sig	n on page 2):
	Allen Bodford	

	Effective date of Certificate of Organization (check, ar	
	☑ The Certificate of Organization shall be effective up	oon filing in the Department of State.
	☐ The Certificate of Organization shall be effective or	n: at
		Date (MM/DD/YYYY) Hour (if any)

DSCB-15-8821-2

ANTAGARA ATTIC LUITE IN TERNE		vice(s).	a restricted professional :	service and
☐ The company is a	a restricted professional	es a la companya de	ender the following restri	cted
professional serv	ice(s):			
☐ Chiropractic				
☐ Dentistry				
☐ Law				
☐ Medicine and	1 surgery			
Optometry	medicine and surgery			in the second se
Podiatric med				
Public accoun	nune		•	-
☐ Psychology				
☐ Veterinary m	iedicine			
	ing and the second of the seco			i k
. Benefit companies o				
			rganized as a benefit com	pany:
☐ This limited liabi	lity company shall have	e the purpose of creating	general public benefit.	
Trilling of History Tilling	xamples of specific pub lity company shall have	an Caffe and a saint	the enumerated specific p	ublic
. For additional provisi	ons of the certificate, if	fany, attach 8½ x 11 shee	žť(s).	
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