

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM489181

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Off-Spec Solutions LLC		09/07/2018	Limited Liability Company: IDAHO
RECEIVING PARTY DATA			
Name:	Off-Spec Solutions, LLC		
Street Address:	1428 Madison Ave.		
City:	Nampa		
State/Country:	IDAHO		
Postal Code:	83687		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Serial Number:	87411922	MERLIN TIRE	
Serial Number:	87571196	OFFSPEC SOLUTIONS	
Serial Number:	87862131	SWAP	
Serial Number:	87868986	SWAP	
Serial Number:	87862134	SWAP LOGISTICS	
Serial Number:	87868992	SWAP LOGISTICS	
CORRESPONDENCE DATA			
Fax Number:			
	<i>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.</i>		
Phone:	208-991-3383		
Email:	williamwardwell@varinwardwell.com		
Correspondent Name:	William Wardwell		
Address Line 1:	242 N. 8th St. Ste. 220		
Address Line 4:	Boise, IDAHO 83702		
NAME OF SUBMITTER:	William Wardwell, Authorized Person		
SIGNATURE:	/William Wardwell/		
DATE SIGNED:	09/08/2018		

OP \$165.00 87411922

Total Attachments: 4

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF AN IDAHO LIMITED LIABILITY COMPANY UNDER THE NAME OF "OFF-SPEC SOLUTIONS, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE SIXTH DAY OF SEPTEMBER, A.D. 2018, AT 2:20 O`CLOCK P.M.



7046524 8100F
SR# 20186528207

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203381038
Date: 09-07-18

TRADEMARK
REEL: 006464 FRAME: 0366

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

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Idaho.
- 2.) The jurisdiction immediately prior to filing this Certificate is Idaho.
- 3.) The date the Non-Delaware Limited Liability Company first formed is September 24, 2009.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Off-Spec Solutions, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Off-Spec Solutions, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
5th day of September, A.D. 2018.

By: 

Authorized Person

Name: Daniel Salvador

Print or Type

Delaware

The First State

Page 1

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 FORMATION OF "OFF-SPEC SOLUTIONS, LLC" FILED IN THIS OFFICE ON THE SIXTH DAY OF SEPTEMBER, A.D. 2018, AT 2:20 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7046524 8100F
SR# 20186528207

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

Authentication: 203381038
Date: 09-07-18

TRADEMARK
REEL: 006464 FRAME: 0368

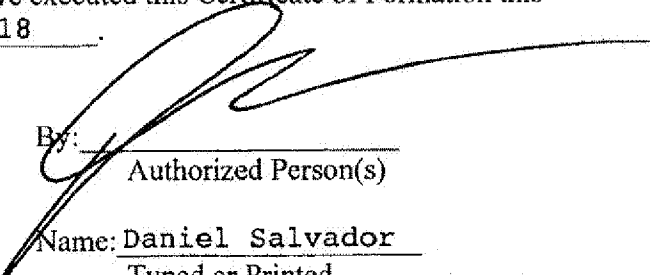
STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

- **First:** The name of the limited liability company is Off-Spec Solutions,
LLC
- **Second:** The address of its registered office in the State of Delaware is 1209 Orange Street
in the City of Wilmington
Zip Code 19801

The name of its Registered agent at such address is
The Corporation Trust Company

- **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
5th day of September, 2018

By: 
Authorized Person(s)

Name: Daniel Salvador
Typed or Printed