

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM498257

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Allegiance Software, Inc.		11/09/2017	Corporation: NORTH DAKOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SAJ Company		
<b>Street Address:</b>	3064 49th Street So.		
<b>City:</b>	Fargo		
<b>State/Country:</b>	NORTH DAKOTA		
<b>Postal Code:</b>	58104		
<b>Entity Type:</b>	Corporation: NORTH DAKOTA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4274216	ALLEGIANCE	
<b>Serial Number:</b>	88054208	ALLEGIANCE FUNDRAISING	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5184877777		
<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>			
<b>Phone:</b>	518-487-7618		
<b>Email:</b>	mricciardi@woh.com		
<b>Correspondent Name:</b>	Martin J. Ricciardi		
<b>Address Line 1:</b>	One Commerce Plaza		
<b>Address Line 2:</b>	Whiteman Osterman & Hanna LLP		
<b>Address Line 4:</b>	Albany, NEW YORK 12260		
<b>NAME OF SUBMITTER:</b>	Martin J. Ricciardi		
<b>SIGNATURE:</b>	/martin j ricciardi/		
<b>DATE SIGNED:</b>	11/14/2018		
<b>Total Attachments: 2</b>			
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source=Allegiance Software name change to SAJ Company 4842-6812-6842 v.1#page2.tif			

OP \$65.00 4274216



**BUSINESS / FARM / PROFESSIONAL CORPORATION**  
**ARTICLES OF AMENDMENT**  
 SECRETARY OF STATE  
 SFN 13006 (10-2012)



**RECEIVED**

NOV 09 2017

FOR OFFICE USE ONLY

ID Number	15,412,800	
Work Order Number	1586018	
Filed	2/12/18	By [Signature]

FILING FEE \$20.00

**ATTACHMENTS:**

- Initial Report for Farming or Ranching if a business corporation is amending to engage in farming or ranching
- Certificate of Professional License if a professional corporation is amending its name upon addition of an additional professional shareholder
- Consent to Use Business Name if the corporation is changing its name to a name that is the same or deceptively similar to another business name in some manner registered with the Secretary of State
- Annual Report if a corporation amends to another type of corporation (Contact Secretary of State to verify this requirement)

**SEC. OF STATE**

**TYPE OR PRINT LEGIBLY**

**SEE INSTRUCTIONS FOR FEES, FILING AND MAILING INFORMATION**

1. Name of the Corporation as Reflected in the Articles of Incorporation or Last Amendment Filed with the Secretary of State <b>Allegiance Software, Inc</b>	2. Federal ID Number [REDACTED]	3. Telephone Number <b>(701) 499-7721</b>
4. Complete mailing address of the principal place of business (Street/RR, PO Box, City, State, ZIP+4) <b>3064 49th St S, Fargo ND 58104</b>		5. Toll-free Telephone Number
6. The following amendment has been adopted pursuant to the provisions of the North Dakota Business Corporation Act, N.D.C.C., Chapter 10-19.1: <b>change name of the corporation to SAJ Company</b>		
7. The amendment shall be effective (check one) <input checked="" type="checkbox"/> When filed with the Secretary of State <input type="checkbox"/> Later on _____ (month, day, year) <small>(must be within 90 days after filing with Secretary of State)</small>		
8. The amendment was adopted on <u>11/1/2017</u> by one of the following methods: (check the appropriate method) <input type="checkbox"/> By the shareholders <input type="checkbox"/> By the incorporators where no shares have been issued <input type="checkbox"/> By the board where no shares have been issued <input checked="" type="checkbox"/> By the board changing only the corporate name.		
9. The undersigned, a person authorized by the corporation to sign this amendment: • Has read the foregoing Articles of Amendment, knows the contents thereof, and believes the statements made thereon to be true. • Authorizes the Secretary of State to correct numbers 1 and 6 if not correctly reflected as explained in the instructions. • Understands that if I make a false statement in this document, I may be subject to criminal penalties.		

2/12/18  
 [Signature]  
 2/12/18  
 [Signature]

Signature: <b>[Signature]</b> , Pres.	Date <b>11-9-17</b>
10. Name of Person to Contact About This Document <b>Sanja Jensen</b>	E-mail Address [REDACTED]
Daytime Telephone Number and Extension, if any:	



