

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM505774

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Equip, Inc.		12/20/2018	Corporation: OREGON
RECEIVING PARTY DATA			
Name:	Equip, LLC		
Street Address:	220 NW 8th Ave.		
City:	Portland		
State/Country:	OREGON		
Postal Code:	97209		
Entity Type:	Limited Liability Company: OREGON		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5459699	EQUIP	
CORRESPONDENCE DATA			
Fax Number:	3142311776		
<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:	314-889-8000		
Email:	uspt@polsinelli.com		
Correspondent Name:	Matthew J. Smith		
Address Line 1:	100 S. Fourth Street		
Address Line 2:	Suite 1000		
Address Line 4:	St. Louis, MISSOURI 63102		
ATTORNEY DOCKET NUMBER:	100082-602873		
NAME OF SUBMITTER:	Matthew J. Smith		
SIGNATURE:	/Matthew J. Smith/		
DATE SIGNED:	01/14/2019		
Total Attachments: 7			
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TRADEMARK ASSIGNMENT

WHEREAS, Equip, Inc., an Oregon corporation (the “**Assignor**”) is the owner of all right, title and interest in and to trademark registration U.S. Reg. No. 5,459,699 for “EQUIP” (registered on May 1, 2018) (the “**Mark**”);

WHEREAS, Assignor converted to an Oregon limited liability company in accordance with those certain Articles of Conversion – Business Entities filed with the Oregon Secretary of State on December 20, 2018, a true and correct copy of which is attached hereto as **Exhibit A**;

WHEREAS, as part of the conversion, Assignor now operates under the business name of Equip, LLC (the “**Assignee**”);

WHEREAS, Assignee is desirous of acquiring the Mark and of recording its status as owner of the entire right, title and interest in and to the Mark;

NOW, THEREFORE, to all whom it may concern, be it known that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. Assignor hereby assigns, transfers, and conveys to Assignee all right, title and interest in and to the above-noted Mark, together with the goodwill of the business symbolized by the Mark, including the registration thereto and all common law rights and all rights and claims for damages by reason of past, present, or future infringement of said Mark, with the right to sue and collect therefor in its own name.
2. Assignee hereby assumes all liabilities and obligations in connection with the assignment of the Mark described in Section 1 above.
3. Assignor agrees to take whatever further action is deemed necessary or appropriate by Assignee to properly and fully effect and perfect the transfer to Assignee of the Mark, to establish full custody of the Mark by Assignee, to set forth and establish the chain of title to the Mark, and to set forth and establish the first use of the Mark, including execution of individual assignment documentation for filing with the authorities of each individual country; provided, however, that, as between the parties, Assignee shall be responsible for the preparation and filing of such documents and other instruments that may be necessary to record or perfect Assignee’s right, title and interest in and to the Mark (including, without limitation, with any applicable governmental authorities), and for any and all costs, expenses and fees associated therewith.
4. This Trademark Assignment shall be governed by the internal laws of the State of Oregon, without reference to its conflicts of law principles.
5. All of the above shall be held and enjoyed by the Assignee for its own use and benefit, and for its successors, legal representatives, and assigns, to the full end of the term for which the Mark may be granted, and we do hereby authorize and request the Commissioner of Patents and Trademarks (or the appropriate foreign equivalent) to issue trademark and service mark registrations in accordance with this Trademark Assignment.

Effective as of this 20th day of December, 2018.

Equip, Inc.

By: David Turner

Name: David Turner

Title: President

Date: January 8, 2019

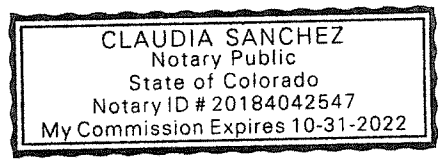
STATE OF Colorado)

COUNTY OF Denver)

On January 8, 2019 before me, Claudia Sanchez a Notary Public, personally appeared David Turner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Colorado that the foregoing is true and correct.

Signature Claudia Sanchez SEAL



Equip, LLC

By: David Turner
Name: David Turner
Title: Manager

STATE OF Colorado)

COUNTY OF Denver)

On January 8, 2019 before me, Claudia Sanchez a Notary Public, personally appeared David Turner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

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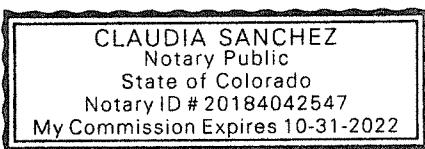


Exhibit A
Articles of Conversion

See Attached.



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
www.filinginoregon.com

Registry Number: 908134-95
Type: DOMESTIC LIMITED LIABILITY COMPANY

Next Renewal Date: 01/28/2019

EQUIP, LLC
ATTN: CHUCK COIFFI
210 N TUCKER BLVD 6TH FLOOR
SAINT LOUIS MO 63101

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

Document
ARTICLES OF CONVERSION

Filed On
12/20/2018

Jurisdiction
OREGON

Name
EQUIP, LLC

Principal Place of Business
220 NW 8TH AVE
PORTLAND OR 97209

Registered Agent
CORPORATION SERVICE COMPANY
1127 BROADWAY ST NE STE 310
SALEM OR 97301

Mailing Address
ATTN: CHUCK COIFFI
210 N TUCKER BLVD 6TH FLOOR
SAINT LOUIS MO 63101

Manager
ADRIAN POLAK
201 N TUCKER BLVD 6TH FLOOR
SAINT LOUIS MO 63101

Manager
DAVID TURNER
201 N TUCKER BLVD 6TH FLOOR
SAINT LOUIS MO 63101

MIKKEM
ACK
12/20/2018

TRADEMARK
REEL: 006523 FRAME: 0838



Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 256 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED
DEC 20 2018

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 908134-95

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. Name of Business Entity Prior to Conversion: Equip, Inc.
- 2. Type of Business Entity Prior to Conversion: Domestic Corporation
- 3. Name of Business Entity After Conversion: Equip, LLC
- 4. Type of Business Entity After Conversion: Domestic LLC
- 5. Will the converted entity have continued existence in Oregon? Yes No
- 6. If no, where will the jurisdiction be?
- 7. Select one of the following:

- A copy of the plan of conversion is attached.
- Address where the plan of conversion is on file.

Address 210 N. Tucker, 6th Floor
City St. Louis State MO Zip Code 63101

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

- 8. Provide additional information required for new entity type. (Required)
See attached Articles of Organization

- 9. Oregon Corporation and Limited Liability Company Requirement:
 Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form that includes the Principal Place of Business and Individual with Direct Knowledge.

10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

David B Turner Jr

Printed Name:

David Turner

Title:

President

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

FEES

Domestic Required Processing Fee \$100
Foreign Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Equip, LLC

2. DURATION: (Please check one.)

Duration shall be perpetual.

Latest date upon which the Limited Liability Company

is to dissolve is _____

3. PRINCIPAL OFFICE: (Must be a physical street address)

220 NW 8th Ave

Portland, OR 97209

4. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Corporation Service Company

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)

1127 Broadway Street NE, Suite 310

Salem, OR 97301 Marion County

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

210 N. Tucker Blvd., 6th Floor

St. Louis, MO 63101 Attn: Chuck Cloffi

7. HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

This LLC will be member-managed by one or more members.

This LLC will be manager-managed by one or more managers.

8. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: ORS 58.015(5)(m)

NA

9. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)

INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.

SEE ATTACHED

10. NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

David Turner

210 N. Tucker Blvd., 6th Floor

St. Louis, MO 63101

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. OWNERS: (MEMBERS) (Names and Addresses)

12. MANAGERS: (MANAGERS) (Names and Addresses)

David Turner, 201 N. Tucker Blvd, 6th Fl, St. Louis, MO 63101

Adrian Polak, 201 N. Tucker Blvd, 6th Fl, St. Louis, MO 63101

13. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address) List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

David Turner

210 N. Tucker Blvd., 6th Floor

St. Louis, MO 63101

14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

SIGNATURE:

David B Turner Jr

PRINTED NAME:

David Turner

TITLE:

Organizer

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (include area code)

Articles of Organization - Limited Liability Company 11/17

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.