

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM509956

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
PeopleFacts, LLC		02/01/2018	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	PeopleFacts, LLC		
<b>Street Address:</b>	1980 Festival Plaza Drive, Suite 930		
<b>City:</b>	Las Vegas		
<b>State/Country:</b>	NEVADA		
<b>Postal Code:</b>	89135		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4434134	PEOPLEFACTS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9494754754		
<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>	949-451-3800		
<b>Email:</b>	skann@gibsondunn.com		
<b>Correspondent Name:</b>	Stephanie Kann		
<b>Address Line 1:</b>	3161 Michelson Drive		
<b>Address Line 2:</b>	Gibson, Dunn & Crutcher LLP		
<b>Address Line 4:</b>	Irvine, CALIFORNIA 92612		
<b>ATTORNEY DOCKET NUMBER:</b>	91404-00003		
<b>NAME OF SUBMITTER:</b>	Stephanie Kann		
<b>SIGNATURE:</b>	/stephanie kann/		
<b>DATE SIGNED:</b>	02/13/2019		
<b>Total Attachments: 8</b>			
source=PeopleFactsConversion#page1.tif			
source=PeopleFactsConversion#page2.tif			
source=PeopleFactsConversion#page3.tif			

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source=PeopleFactsConversion#page8.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/02/2018	201803301094	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
DEANNE E. SCHAUSEIL  
50 W. BROAD STREET, SUITE 1330  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
2438066**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**PEOPLEFACTS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: 02/01/2018

Document No(s):

**201803301094**

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
2nd day of February, A.D. 2018.

*Jon Husted*  
Ohio Secretary of State



Form 700 Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-767-3463)

Central Ohio: (614) 469-3910

[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)

[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1380  
Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99  
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1)  Converting Within The Records of the Ohio  
Secretary of State

(2)  Converting Off The Records of the Ohio  
Secretary of State  
(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
(Check Only (1) One Box)

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)           | <input type="checkbox"/> Partnership                            |
| <input checked="" type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company              | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company            | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company             |   |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED  
FEB 22 2018  
FILE

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
(Check Only (1) One Box)

Domestic Corporation (For-Profit)                       Partnership

Foreign Corporation (For-Profit or Nonprofit)                       Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company                       Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company                       Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company                       Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

See instructions for additional filing requirements if

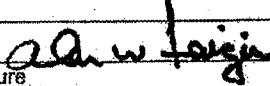
(1) the conversion creates a new domestic entity,

(2) the converted entity is a foreign entity that desires to transact business in Ohio; or

(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.


IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

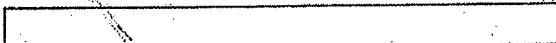
**Required**  
Must be signed by an  
authorized representative.

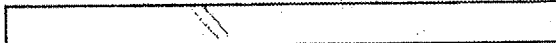
  
Signature

  
By (if applicable)

Alan W. Faigin, General Counsel/Secretary  
Print Name

  
Signature

  
By (if applicable)

  
Print Name

  
Signature

  
By (if applicable)

  
Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

PeopleFacts, Inc.

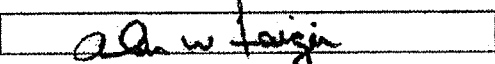
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

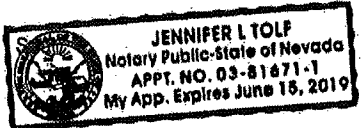
Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215  *Only required for domestic for-profit corporations	n/a	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	1/11/18  Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. (see* note below)	1/11/18	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

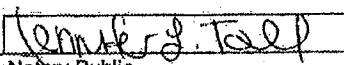
\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance Issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title General Counsel/Secretary  
 Alan W. Faigin  
 Name  
 1980 Festival Plaza Drive, Suite 930  
 Mailing Address  
 Las Vegas State NV 89135  
 City State Zip Code

Sworn to and subscribed in my presence on 1/1/18  
 Date



  
 Notary Public

Commission Expires 6/15/19  
 Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Nevada

County of Clark

Alan W. Faigin  
Name of Officer

General Counsel/Secretary  
Title of Officer

of PeopleFacts, Inc.  
Name of Corporation

and that this affidavit is made in compliance with Section 1703.17(C)(4) of the Ohio Revised Code.

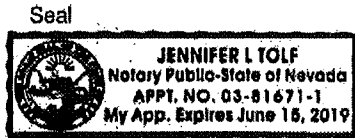
That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Signature: *Alan W. Faigin*

Title: General Counsel/Sec.

Sworn to and subscribed in my presence on Date 1/11/18



*Jennifer L Tolf*  
Notary Public

Expiration date of Notary Public's Commission. Date 6/15/19





Form 533B Prescribed by:  
**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-767-3463)  
Central Ohio: (614) 466-3810  
www.OhioSecretaryofState.gov  
busterv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCenter.com

Mail this form to one of the following:

Register Filing (non expedite)  
P.O. Box 679  
Columbus, OH 43216

Expedite Filing (Two business day processing time,  
Require an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

RECEIVED

### Registration of a Foreign Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1)  Registration of a Foreign For-Profit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

(2)  Registration of a Foreign Nonprofit Limited Liability Company  
(106-LFA)  
ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Corporation Service Company

Name

50 West Broad Street, Suite 1330

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required  
Must be signed by an  
authorized representative.

*Alan W. Faigin*  
Signature

If authorized representative  
is an individual, then they  
must sign in the "signature"  
box and print their name  
in the "Print Name" box.

By (if applicable)

Alan W. Faigin, General Counsel/Secretary

Print Name

If authorized representative  
is a business entity, not an  
individual, then please print  
the business name in the  
"signature" box, an  
authorized representative  
of the business entity  
must sign in the "By" box  
and print their name in the  
"Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name