

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM510922

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION
<b>SEQUENCE:</b>	2

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Elkay Wood Products Company		02/15/2019	Corporation: PENNSYLVANIA

## RECEIVING PARTY DATA

<b>Name:</b>	acpi Wood Products, LLC
<b>Street Address:</b>	10501 10th Street
<b>City:</b>	Waconia
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55387
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA

## PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	3678045	AMERICAN CABINETRY COLLECTION
Registration Number:	2978411	DESIGNCRAFT
Registration Number:	3975900	INNERMOST
Registration Number:	3959895	INNERMOST
Registration Number:	1169329	MASTERCRAFT
Registration Number:	3497208	MASTERCRAFT CABINETS
Registration Number:	1964983	MEDALLION
Registration Number:	4113106	
Registration Number:	2337353	SCHULER
Registration Number:	1171289	YORKTOWNE
Serial Number:	87641056	MASTERCRAFT CABINETS
Serial Number:	88276540	AMERICAN CABINETRY COLLECTION

## CORRESPONDENCE DATA

Fax Number: 6172359493

*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: 212-596-9287

Email: nicole.mollica@ropesgray.com

TRADEMARK

**Correspondent Name:** Nicole Mollica, Ropes & Gray LLP  
**Address Line 1:** 1211 Avenue of the Americas  
**Address Line 4:** New York, NEW YORK 10036

**ATTORNEY DOCKET NUMBER:** 109764-0063-001

**NAME OF SUBMITTER:** Nicole Mollica

**SIGNATURE:** /nicole mollica/

**DATE SIGNED:** 02/21/2019

**Total Attachments: 6**

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
WWW.CORPORATIONS.PA.GOV

CT Corporation System [  
Counter Pickup  
PA


acpi Wood Products, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT [www.dos.pa.gov/BusinessCharities](http://www.dos.pa.gov/BusinessCharities) OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT [www.corporations.pa.gov/Search/CorpSearch](http://www.corporations.pa.gov/Search/CorpSearch) .

ENTITY NUMBER : 2528468

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <b>CT - COUNTER</b> Name <u>1143978730</u> Address <u>nicola.grimm@voitersaklawer.com</u> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: _____	Statement of Conversion DSCB:15-355  TCO190215JD0290
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Read all instructions prior

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Elkay Wood Products Company

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

06/30/1993  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

15 Pa. C.S. 1306  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

2019 FEB 15 AM 9:48

PA DEPT OF STATE

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

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p>	<p>(a) _____                      Number and street City State Zip County</p> <p>(b) c/o: <u>C T Corporation System</u> _____                      Name of Commercial Registered Office Provider Philadelphia County</p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p>	<p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p>	<p>_____</p> <p>Number and street City State Zip</p>

B. For the converted association:

1. The name of the converted association is: acpi Wood Products, LLC


2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |



**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <div style="text-align: center; font-size: 2em; font-weight: bold;">CT - COUNTER</div> <hr/> Name: <u>11439 787 Jo</u> Address: _____ City: <u>nicola grimm@veteranidunor.com</u> State: _____ Zip Code: _____ <input type="checkbox"/> Return document by email to: _____	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)
	 8821

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125       I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: acpi Wood Products, LLC  
*(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)*

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company's commercial registered office provider and county of venue is:

<u>e/o: Corporate Creations Network Inc.</u>	<u>Erie County</u>
Name of Commercial Registered Office Provider	County

3. The name of each organizer is *(all organizers must sign on page 2)*:

ACProducts, Inc.

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4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.  
 The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

This limited liability company shall have the purpose of creating general public benefit.

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.*

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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**7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).**

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

15th day of February, 2019.



Signature

Walter Cisowski, Chief Financial Officer

Signature

Signature