

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM522595

| | |
|------------------------------|----------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |
| SEQUENCE: | 1 |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|-----------------------------------|----------|----------------|----------------------------|
| Cincinnati Sub-Zero Products, LLC | | 02/13/2019 | Limited Liability Company: |

RECEIVING PARTY DATA

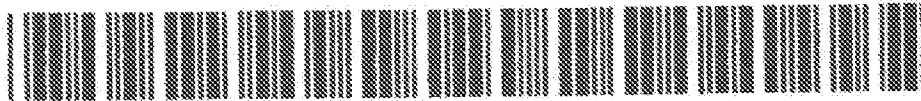
| | |
|------------------------|---------------------------------|
| Name: | Gentherm Medical, LLC |
| Street Address: | 12011 Mosteller Rd |
| City: | Cincinnati |
| State/Country: | OHIO |
| Postal Code: | 45241 |
| Entity Type: | Limited Liability Company: OHIO |

PROPERTY NUMBERS Total: 19

| Property Type | Number | Word Mark |
|----------------------|----------|----------------------|
| Serial Number: | 88323987 | UV TREO |
| Registration Number: | 0943322 | NORM-O-TEMP |
| Registration Number: | 1068469 | BLANKETROL |
| Registration Number: | 1234474 | MAXI-THERM |
| Registration Number: | 1242682 | PLASTIPAD |
| Registration Number: | 1262892 | HEMOTHERM |
| Registration Number: | 1357874 | MICRO-TEMP |
| Registration Number: | 1646750 | TEMP-PAD |
| Registration Number: | 1670786 | ELECTRI-COOL |
| Registration Number: | 1709298 | WARMAIR |
| Registration Number: | 1753774 | STERI-PROBE |
| Registration Number: | 1757600 | TROPI-COOL |
| Registration Number: | 1889211 | FILTEREDFLO |
| Registration Number: | 5360330 | CARDI-O TEMP |
| Registration Number: | 3406370 | GELLI-ROLL |
| Registration Number: | 3410166 | KOOL-KIT |
| Registration Number: | 4794221 | SURFACETEMP |
| Registration Number: | 3298521 | PENGUIN COLD THERAPY |

TRADEMARK

| Property Type | Number | Word Mark |
|---|-------------------------|-------------|
| Registration Number: | 3654398 | THERMA-TEMP |
| 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: | 5134897484 | |
| Email: | cwilson_9191@fuse.net | |
| Correspondent Name: | Charles R Wilson | |
| Address Line 1: | 4727 Suite 1 Cornell Rd | |
| Address Line 4: | Cincinnati, OHIO 45241 | |
| NAME OF SUBMITTER: | Charles R Wilson | |
| SIGNATURE: | /cwilson/ | |
| DATE SIGNED: | 05/08/2019 | |
| Total Attachments: 3 | | |
| source=GenThermMedCert#page1.tif | | |
| source=GenThermMedCert#page2.tif | | |
| source=GenThermMedCert#page3.tif | | |



| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | CERT | COPY |
|------------|--------------|---|--------|--------|------|------|
| 02/14/2019 | 201904500268 | LIMITED LIABILITY COMPANY - AMENDMENT (LAM) | 50.00 | 100.00 | 0.00 | 0.00 |

Receipt

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

CORPORATION SERVICE COMPANY
 MONIQUE WEAVER
 50 W. BROAD STREET
 COLUMBUS, OH 43215


STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
180249

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
GENTHERM MEDICAL, LLC

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

| | |
|--|---------------------|
| Document(s) | Document No(s): |
| LIMITED LIABILITY COMPANY - AMENDMENT Effective Date: 02/13/2019 | 201904500268 |



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 14th day of February, A.D. 2019.



Ohio Secretary of State

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free (877) 608-FILE (877-487-3453)
Central Office (614) 460-3810
www.OhioSecretaryofState.gov
osos@OhioSecretaryofState.gov
File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:

Regular Filing (see expedite)
P.O. Box 1525
Columbus, OH 43216

Expedite Filing (Two business day processing time)
Response not addressed (2400.00)

P.O. Box 1880
Columbus, OH 43216

For screen readers, follow instructions located at this path:

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

RECEIVED
2019 FEB 13 PM 3:30
CLIENT SERVICE CENTER

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

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

This limited liability company shall exist for a period of:

Period of Existence

Purpose


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 a member, manager or other representative.

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

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)

Kenneth J. Phillips
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name