

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM523361

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Software Answers, Inc.		05/29/2018	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Software Answers, LLC		
Street Address:	6770 West Snowville Road		
Internal Address:	Suite 200		
City:	Brecksville		
State/Country:	OHIO		
Postal Code:	44141		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4110997	PROGRESSBOOK	
CORRESPONDENCE DATA			
Fax Number:	2162410816		
<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:	216-622-8200		
Email:	ipdocket@calfee.com		
Correspondent Name:	Calfee, Halter & Griswold LLP		
Address Line 1:	1405 East Sixth Street		
Address Line 2:	The Calfee Building		
Address Line 4:	Cleveland, OHIO 44114-1607		
ATTORNEY DOCKET NUMBER:	34502/04000		
NAME OF SUBMITTER:	Daniel J. McMullen		
SIGNATURE:	/DMcM/		
DATE SIGNED:	05/13/2019		
Total Attachments: 10			
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source=Software_Answers__LLC_-_Articles_of_Conversion#page2.tif			
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CH \$40.00 4110997

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
06/01/2018	201812103132	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

Receipt

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

DINSMORE & SHOHL LLP
 ATTN: ALLAN DAILY
 255 EAST FIFTH STREET, SUITE 1900
 CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
 872704

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

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

Document(s)

Conversion Within SOS Records

Effective Date: 05/29/2018

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

Document No(s):

201812103132



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
 1st day of June, A.D. 2018.

Jon Husted
 Ohio Secretary of State

Form 700 Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
bussen@OhioSecretaryofState.gov
File online or for more information: 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.
Require an additional \$108.00)
P.O. Box 1330
Columbus, OH 43216

For screen readers, follow instructions located at this path.

**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 Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<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
SECRETARY OF STATE
JANUARY 29 PM 3:47
CLIENT SERVICE CENTER

Name of the converted entity **SOFTWARE ANSWERS, LLC**

Jurisdiction of Formation **OHIO**

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

Domestic For-Profit Corporation

Domestic Professional Association

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

Domestic Nonprofit Limited Liability Company

Foreign Nonprofit Limited Liability Company

Domestic For-Profit Limited Liability Company

Foreign For-Profit Limited Liability Company

Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

Effective Date (Optional) **MM/DD/YYYY** (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.

ALI JENAB
Name

3271 DOUGLAS BOULEVARD, SUITE 250
Mailing Address

ROSEVILLE **California** **95661**
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 **OH** **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.

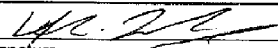
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

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

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


Signature

CHIEF EXECUTIVE OFFICER AND SECRETARY

By (if applicable)

ALI JENAB

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.

Software Answers, 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.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 4/18/2018</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY) 4/18/2018</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) 4/18/2018</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p>The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p> <p><input checked="" type="checkbox"/></p>

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

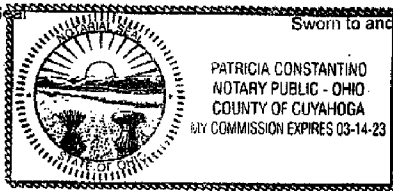
Signature [Signature] Title Chief Executive Officer and Secretary

Ali Jenab
Name

6770 West Snowville Road, Suite 200
Mailing Address

Brecksville City Ohio State 44141 ZIP Code

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/18/2018



[Signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 03/14/2023

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

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)

County

County

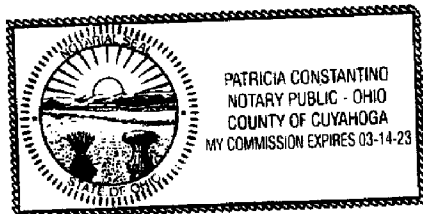
County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



Notary Public

Date Commission Expires (MM/DD/YYYY)



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



DAVID JAHNKE
PAUL CHAFEE
DINSMORE & SHOHL LLP
255 EAST FIFTH STREET, SUITE 1900
CINCINNATI, OH 45202
USA

May 21, 2018
Contact ID: 2614000612

RE: Certificate of Tax Clearance
Entity Name: Software Answers Inc
Ohio Charter # 00872704
Certificate Issue Date: 05/21/2018

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-995-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

Form 533A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

RECEIVED

MAY 29 2018

CHECK ONLY ONE (1) BOX

OHIO SECRETARY OF STATE

(1) Articles of Organization for Domestic
 For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
 Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company **SOFTWARE ANSWERS, LLC**

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

Optional: Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

SOFTWARE ANSWERS, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

PAUL CHAFFEE

(Name of Statutory Agent)

6770 WEST SNOWVILLE ROAD, STE 200

(Mailing Address)

BRECKSVILLE

(Mailing City)

OH

(Mailing State)

44141

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

PAUL CHAFFEE

(Name of Statutory Agent)

, named herein as the

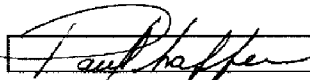
Statutory agent for

SOFTWARE ANSWERS, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature



(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

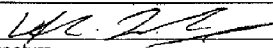
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Signature

CHIEF EXECUTIVE OFFICER AND SECRETARY

By (if applicable)

ALI JENAB

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name