

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM528257

| | | | |
|---|--------------------------------------|----------------------------|-------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Financial Network Investment Corporation | | 12/19/2012 | Corporation: CALIFORNIA |
| RECEIVING PARTY DATA | | | |
| Name: | Cetera Advisor Networks LLC | | |
| Street Address: | 200 N. Sepulveda Blvd, Suite 1200 | | |
| City: | El Segundo | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 90245 | | |
| Entity Type: | Limited Liability Company: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2304388 | PREFERRED ASSET MANAGEMENT | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 2127986307 | | |
| <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: | 212-326-0443 | | |
| Email: | dfinguerra-ducharme@pryorcashman.com | | |
| Correspondent Name: | Dyan Finguerra-DuCharme | | |
| Address Line 1: | Pryor Cashman LLP | | |
| Address Line 2: | 7 Times Square | | |
| Address Line 4: | New York, NEW YORK 10036 | | |
| ATTORNEY DOCKET NUMBER: | 18243.00037 | | |
| NAME OF SUBMITTER: | Dyan Finguerra-DuCharme | | |
| SIGNATURE: | /dyan finguerra-ducharme/ | | |
| DATE SIGNED: | 06/18/2019 | | |
| Total Attachments: 8 | | | |
| source=CAN - Articles of Conv LLC (FNIC CA corp to CAN CA LLC)_12-31-12#page1.tif | | | |
| source=CAN - Articles of Conv LLC (FNIC CA corp to CAN CA LLC)_12-31-12#page2.tif | | | |
| source=CAN - Articles of Conv LLC (FNIC CA corp to CAN CA LLC)_12-31-12#page3.tif | | | |

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D1161083

201300210039



State of California Secretary of State

LLC-1A File #

ENDORSED - FILED in the office of the Secretary of State of the State of California

DEC 31 2012

Limited Liability Company Articles of Organization - Conversion

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Cetera Advisor Networks LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

[] ONE MANAGER

[x] MORE THAN ONE MANAGER

[] ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

400 1st Street South, Suite 300

CITY

St. Cloud

STATE ZIP CODE

MN 56301

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)

CT Corporation System

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA

CITY

STATE ZIP CODE

CA

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE ZIP CODE

[] THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY

Financial Network Investment Corporation

9. FORM OF ENTITY

Corporation

10. JURISDICTION:

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

C1172927

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS:

Common Shares - 1,000,000

51%

Additional Information

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

December 19, 2012

DATE

X [Signature] SIGNATURE OF AUTHORIZED PERSON

Douglas S. King, President

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Nancy Johnson Jones, Secretary

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



**State of California
Secretary of State**

LLC-1A

File # _____

**Limited Liability Company
Articles of Organization - Conversion**

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

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1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Cetera Advisor Networks LLC

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3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

ONE MANAGER

MORE THAN ONE MANAGER

ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

400 1st Street South, Suite 300

CITY

St. Cloud

STATE

MN

ZIP CODE

56301

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)

CT Corporation System

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA

CITY

STATE

CA

ZIP CODE

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE

ZIP CODE

THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY

Financial Network Investment Corporation

9. FORM OF ENTITY

Corporation

10. JURISDICTION

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

C1172927

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STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

Common Shares - 1,000,000

51%

Additional Information

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December 19, 2012

DATE



SIGNATURE OF AUTHORIZED PERSON

Douglas S. King, President

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Nancy Johnson Jones, Secretary

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



I hereby certify that the foregoing
transcript of 2 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

JAN 02 2013

Date: _____

Ciera Bowen
CIERA BOWEN, Secretary of State

TRADEMARK
REEL: 006672 FRAME: 0797



**State of California
Secretary of State**

CERTIFICATE OF CONVERSION

CONV-1A

File # 201300210039

FILED
Secretary of State
State of California

JAN 04 2013

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

CONVERTED ENTITY INFORMATION

1. NAME OF CONVERTED ENTITY

Cetera Advisor Networks LLC

2. FORM OF ENTITY

Limited Liability Company

3. JURISDICTION

Delaware

4. MAILING ADDRESS OF CHIEF EXECUTIVE OFFICE

400 1st Street South

CITY

St. Cloud

STATE

MN

ZIP CODE

56301

5. STREET ADDRESS OF CHIEF EXECUTIVE OFFICE

200 N Sepulveda Blvd, Suite 1200

CITY

El Segundo

STATE

CA

ZIP CODE

90245

6. STREET ADDRESS OF THE CALIFORNIA OFFICE, IF ANY

200 N Sepulveda Blvd, Suite 1200

CITY

El Segundo

STATE

CA

ZIP CODE

90245

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE

ZIP CODE

CONVERTING ENTITY INFORMATION

8. NAME OF CONVERTING ENTITY

Cetera Advisor Networks LLC

9. FORM OF ENTITY

Limited Liability Company

10. JURISDICTION

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

201300210039

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STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS:

Common Interests - 1,000,000

51%

ADDITIONAL INFORMATION

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

January 4, 2013

DATE

Valecie G. Brown

SIGNATURE OF AUTHORIZED PERSON

Valecie G. Brown, Manager

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

Barnaby Grist

SIGNATURE OF AUTHORIZED PERSON

Barnaby Grist, Manager

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

January 4, 2013


SIGNATURE OF AUTHORIZED PERSON

Jack Handy, Jr., Manager
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

JAN 11 2013

Date: _____


DEBRA BOWEN, Secretary of State

Delaware

PAGE 2

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "CETERA ADVISOR NETWORKS LLC" FILED IN THIS OFFICE ON THE FOURTH DAY OF JANUARY, A.D. 2013, AT 2 O'CLOCK P.M.

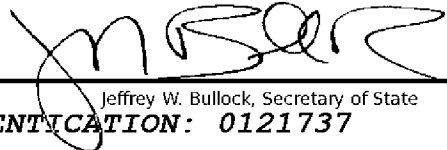
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE FOURTH DAY OF JANUARY, A.D. 2013, AT 11:59 O'CLOCK P.M.

5270162 8100V

130014431

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0121737

DATE: 01-04-13

TRADEMARK
REEL: 006672 FRAME: 0801

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is Cetera Advisor
Networks LLC

Second: The address of its registered office in the State of Delaware is _____
1209 Orange Street in the City of Wilmington
Zip code 19801. The name of its Registered agent at such address is
The Corporation Trust Company

Third: (Use this paragraph only if the company is to have a specific effective date of
dissolution: "The latest date on which the limited liability company is to dissolve is
_____")

Fourth: (Insert any other matters the members determine to include herein.)

This Certificate of Formation shall be effective on
January 4, 2013 at 11:59 p.m.

In Witness Whereof, the undersigned have executed this Certificate of Formation this

4th day of January, 2013.

By: Jack R. Handy, Jr.
Authorized Person(s)

Name: Jack R. Handy, Jr.