TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM553639

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ENTITY CONVERSION
RESUBMIT DOCUMENT ID:	900523933

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Natural Supplement Association, Incorporated		11/30/2018	Corporation: COLORADO

RECEIVING PARTY DATA

Name:	Natural Supplement Association, LLC
Street Address:	100 Abbott Park Road
City:	Abbott Park
State/Country:	ILLINOIS
Postal Code:	60064-6057
Entity Type:	Limited Liability Company: COLORADO

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark
Registration Number:	3163824	MUSCLE ARMOR
Registration Number:	2817504	EAS
Registration Number:	2802558	EAS
Registration Number:	2515633	MYOPLEX
Registration Number:	4582906	MUSCLE AMMO

CORRESPONDENCE DATA

Fax Number: 3129843150

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: 312-984-3100
Email: trademarks@bfkn.com
Correspondent Name: Scott J. Slavick
Address Line 1: 200 W. Madison Street, Suite 3900
Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	ABBT-0312 0313 0314 0308
NAME OF SUBMITTER:	Scott J. Slavick
SIGNATURE:	/Scott J. Slavick/
DATE SIGNED:	12/17/2019

Total Attachments: 7
source=Certified Statement of Conversion#page1.tif
source=Certified Statement of Conversion#page2.tif
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source=Certified Statement of Conversion#page4.tif
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source=Certified Statement of Conversion#page6.tif
source=Certified Statement of Conversion#page7.tif

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM550021

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Natural Supplement Association, Incorporated		11/30/2018	Corporation: COLORADO

RECEIVING PARTY DATA

Name:	Natural Supplement Association, LLC
Street Address:	100 Abbott Park Road
City:	Abbott Park
State/Country:	ILLINOIS
Postal Code:	60064-6057
Entity Type:	Limited Liability Company: COLORADO

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark
Registration Number:	3163824	MUSCLE ARMOR
Registration Number:	2817504	EAS
Registration Number:	2802558	EAS
Registration Number:	2515633	MYOPLEX
Registration Number:	4582906	MUSCLE AMMO

OP $140.00 3163824

CORRESPONDENCE DATA

Fax Number: 3129843150

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Phone: 312-984-3100
Email: trademarks@bfkn.com
Correspondent Name: Scott J. Slavick
Address Line 1: 200 W. Madison Street, Suite 3900
Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	ABBT-0312 0313 0314 0308
NAME OF SUBMITTER:	Scott J. Slavick
SIGNATURE:	/Scott J. Slavick/
DATE SIGNED:	11/19/2019

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Combined Statement of Conversion

with Document # 20181940225 of
NATURAL SUPPLEMENT ASSOCIATION, LLC

Colorado Limited Liability Company

(Entity ID # 19901087171)

consisting of 5 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/16/2019 that have been posted, and by documents delivered to this office electronically through 12/17/2019@ 10:55:14.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/17/2019 @ 10:55:14 in accordance with applicable law. This certificate is assigned Confirmation Number 11967794 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of *the Secretary of State's Web site,* http://www.sos.state.co.us/biz/CertificateSearchCriteria.do *entering the certificate's confirmation number* displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click *"Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

Document must be filed electronically.
Paper documents are not accepted.
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For more information or to print copies
of filed documents, visit www.sos.state.co.us.

E-Filed

Colorado Secretary of State
Date and Time: 11/30/2018 01:42 PM
ID Number: 19901087171

Document number: 20181940225
Amount Paid: $100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number: 19901087171
(Colorado Secretary of State ID number)

Entity name or true name: NATURAL SUPPLEMENT ASSOCIATION, INCORPORATED

Form of entity: Corporation

Jurisdiction: Colorado

Street address: 100 Abbott Park Road
(Street number and name)

Abbott Park (City) IL (State) 60064-6057 (ZIP/Postal Code)
(Province – if applicable) United States (Country)

Mailing address
(leave blank if same as street address): 100 Abbott Park Road
(Street number and name or Post Office Box information)
D367 AP6D (JK) Sales Tax
Abbott Park (City) IL (State) 60064-6057 (ZIP/Postal Code)
(Province – if applicable) United States (Country).

2. The entity name of the resulting entity is NATURAL SUPPLEMENT ASSOCIATION, LLC.
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (If applicable, adopt the following statement by marking the box and include an attachment.)
☐ This document contains additional information as provided by law.

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

TRADEMARK
REEL: 006817 FRAME: 0519

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Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Paik (Last) Jessica (First) H (Middle) _____ (Suffix)
100 Abbott Park Road
(Street number and name or Post Office Box information)

Abbott Park (City) IL (State) 60064 (ZIP/Postal Code)
_____ (Province – if applicable) United States (Country).

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:
This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

TRADEMARK
REEL: 006817 FRAME: 0520

E-Filed

Colorado Secretary of State
Date and Time: 11/30/2018 01:42 PM
ID Number: 19901087171

Document number: 20181940225
Amount Paid: $100.00

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

NATURAL SUPPLEMENT ASSOCIATION, LLC.

(The name of a limited liability company must contain the term or abbreviation *"limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601,* C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address
100 Abbott Park Road
(Street number and name)

Abbott Park (City) IL (State) 60064-6057 (ZIP/Postal Code)
(Province – if applicable) United States (Country)

Mailing address
(leave blank if same as street address)
100 Abbott Park Road
(Street number and name or Post Office Box information)
D367 AP6D Sales Tax

Abbott Park (City) IL (State) 60064-6057 (ZIP/Postal Code)
Colorado (Province – if applicable) United States (Country).

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name
(if an individual)
(Last) (First) (Middle) (Suffix)

or

(if an entity) The Corporation Company
(Caution: Do not provide both an individual and an entity name.)

Street address
7700 East Arapahoe Road
(Street number and name)
Suite 220

Centennial (City) CO (State) 80112 (ZIP Code)

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

TRADEMARK
REEL: 006817 FRAME: 0521

_____ CO _____.
(City) (State) (ZIP Code)

(The following statement is adopted by marking the box.)
☒ The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Paik (Last) Jessica (First) H. (Middle) ____ (Suffix)

or

(if an entity) _____
(Caution: Do not provide both an individual and an entity name.)

Mailing address 100 Abbott Park Road
(Street number and name or Post Office Box information)

Abbott Park (City) IL (State) 60064 (ZIP/Postal Code)
_____ (Province – if applicable) United States (Country).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in
(Mark the applicable box.)
☒ one or more managers.
or
☐ the members.

6. (The following statement is adopted by marking the box.)
☒ There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)
☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

Paik (Last) Jessica (First) H (Middle) ____ (Suffix)

100 Abbott Park Road
(Street number and name or Post Office Box information)

Abbott Park (City) IL (State) 60064 (ZIP/Postal Code)

____ (Province – if applicable) United States (Country).

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:
This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

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RECORDED: 11/19/2019 REEL: 006817 FRAME: 0523