

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM650116

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	06/30/2018

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Shifthound, LLC		06/27/2018	Limited Liability Company: DELAWARE

**RECEIVING PARTY DATA**

<b>Name:</b>	ABILITY Network Inc.
<b>Street Address:</b>	100 N. 6th Street, Suite 900A
<b>City:</b>	Minneapolis
<b>State/Country:</b>	MINNESOTA
<b>Postal Code:</b>	55403
<b>Entity Type:</b>	Corporation: DELAWARE

**PROPERTY NUMBERS Total: 2**

Property Type	Number	Word Mark
<b>Registration Number:</b>	5087634	CREDENTIALER
<b>Registration Number:</b>	4895697	SHIFTHOUND

**CORRESPONDENCE DATA**

**Fax Number:** 2158648999  
*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:** 215.864.8109  
**Email:** rzoncal@ballardspahr.com  
**Correspondent Name:** Lynn E. Rzonca  
**Address Line 1:** Ballard Spahr LLP  
**Address Line 2:** 1735 Market Street, 51st Floor  
**Address Line 4:** Philadelphia, PENNSYLVANIA 19103-7599

<b>NAME OF SUBMITTER:</b>	Lynn E. Rzonca
<b>SIGNATURE:</b>	/Lynn E. Rzonca/
<b>DATE SIGNED:</b>	05/27/2021

**Total Attachments: 3**

source=ABILITY Network Inc. (Survivor) - DE Merger (with Shifthound, LLC) (with Schedule A)#page1.tif  
source=ABILITY Network Inc. (Survivor) - DE Merger (with Shifthound, LLC) (with Schedule A)#page2.tif

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"SHIFTHOUND, LLC", A DELAWARE LIMITED LIABILITY COMPANY, WITH AND INTO "ABILITY NETWORK INC." UNDER THE NAME OF "ABILITY NETWORK INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2018, AT 4:36 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTIETH DAY OF JUNE, A.D. 2018.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



  
Jeffrey W. Bullock, Secretary of State

4876314 8100M  
SR# 20185400946

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202975106  
Date: 06-28-18

**TRADEMARK**  
**REEL: 007308 FRAME: 0599**

**STATE OF DELAWARE  
CERTIFICATE OF MERGER OF  
DOMESTIC LIMITED LIABILITY COMPANY  
INTO A  
DOMESTIC CORPORATION**

Pursuant to Title 8, Section 264(c) of the Delaware General Corporation Law and Title 6, Section 18-209 of the Delaware Limited Liability Company Act, the undersigned corporation executed the following Certificate of Merger:

**FIRST:** The name of the surviving corporation is ABILITY Network Inc.  
\_\_\_\_\_, a Delaware Corporation, and the name of the  
limited liability company being merged into this surviving corporation is \_\_\_\_\_  
Shifthound, LLC

**SECOND:** The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by the surviving corporation and the merging limited liability company.

**THIRD:** The name of the surviving corporation is ABILITY Network Inc.  
\_\_\_\_\_


**FOURTH:** The merger is to become effective on June 30, 2018

**FIFTH:** The Agreement of Merger is on file at 4321 Collington Road  
Bowie, MD 20716, the place of business of the surviving corporation.

**SIXTH:** A copy of the Agreement of Merger will be furnished by the corporation on request, without cost, to any stockholder of any constituent corporation or member of any constituent limited liability company.

**SEVENTH:** The Certificate of Incorporation of the surviving corporation shall be it's Certificate of Incorporation

**IN WITNESS WHEREOF**, said Corporation has caused this certificate to be signed by an authorized officer, the 27th day of June, A.D., 2018

By:   
\_\_\_\_\_  
Authorized Officer

Name: June D. Duchesne  
\_\_\_\_\_  
Print or Type  
Title: Secretary  
\_\_\_\_\_

**SCHEDULE A**

<b>Mark</b>	<b>Registration No.</b>	<b>Registration Date</b>
<b>CREDENTIALER</b>	<b>5087634</b>	<b>November 22, 2016</b>
<b>SHIFTHOUND</b>	<b>4895697</b>	<b>February 02, 2016</b>