TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM652330

Stylesheet Version v1.2

| SUBMISSION TYPE: | NEW ASSIGNMENT | |
|-----------------------|----------------|--|
| NATURE OF CONVEYANCE: | MERGER | |
| EFFECTIVE DATE: | 12/31/2016 | |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|--------------------------|----------|----------------|--------------------|
| Mesa Manufacturing, Inc. | | 12/22/2016 | Corporation: TEXAS |

RECEIVING PARTY DATA

| Name: | S.P.M. Flow Control, Inc. | |
|-----------------|---------------------------|--|
| Street Address: | 7601 Wyatt Drive | |
| City: | Fort Worth | |
| State/Country: | TEXAS | |
| Postal Code: | 76108 | |
| Entity Type: | Corporation: TEXAS | |

PROPERTY NUMBERS Total: 1

| Property Type | Number | Word Mark | |
|----------------|----------|-----------|--|
| Serial Number: | 85872167 | MESA | |

CORRESPONDENCE DATA

Fax Number: 4142974900

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: 414-271-2400

sfelde@foley.com, ipdocketing@foley.com Email:

Richard J. McKenna **Correspondent Name:**

Address Line 1: 3000 K Street, N.W. Suite 600

Address Line 2: Foley & Lardner LLP

Address Line 4: Washington, D.C. 20007-5109

| ATTORNEY DOCKET NUMBER: | 017330-1381 |
|-------------------------|-------------------|
| NAME OF SUBMITTER: | Richard J McKenna |
| SIGNATURE: | /R.J. McKenna/ |
| DATE SIGNED: | 06/07/2021 |

Total Attachments: 3

source=S.P.M. Flow Control, Inc. Merger#page1.tif source=S.P.M. Flow Control, Inc. Merger#page2.tif source=S.P.M. Flow Control, Inc. Merger#page3.tif

Form **623** (Revised 12/15)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512 463-5709

Filing Fee: see instructions



Parent-Subsidiary Certificate of Merger **Business Organizations Code**

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

DEC 27 2016

Corporations Section

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, and state of incorporation or organization, and file number, if any, issued by the secretary of state for the parent and subsidiary organization(s) are as follows:

| Parent | | | |
|--|--|-------------------------------|---|
| S.P.M. Flow Control, Inc. | | • . | |
| Name of Organization | | | |
| The organization is a | for-profit corporation | | nized under the laws of |
| | fy organizational form (e.g., for-profit co | • | |
| TX U.S.A | Ye file nur | nber, if any, is 185 | |
| State Country If not a domestic entity, its re | egistered or principal office | | s Secretary of State file number etion of formation is: |
| Street Address | _ | City | . State Country |
| Subsidiary 1 | | | |
| Mesa Manufacturing, Inc. | | | |
| Name of Organization | | | |
| The organization is a: | for-profit corporation | | nized under the laws of: |
| | ify organizational form (e.g., for-profit co | | |
| TX USA | The file nur | nber, if any, is 4 <u>030</u> | |
| If not a domestic entity, its re | egistered or principal office | | is Secretary of State file number otion of formation is: |
| Street Address | | City | State Country |
| The number of outstanding of ownership interests of each | - | | |
| Number of ownership interests outstar | nding Class Series | Number owned by p | arent Percentage Owned |
| 1000 | Common | 1000 | 100 |
| | · | | |
| ☐ The organization will su | rvive the merger. | The organization wi | Il not survive the merger. |
| Subsidiary 2 | | | |
| Name of Organization The organization is a: Spec | ify organizational form (a.g. 1811 availt co | It is orga | nized under the laws of: |
| • | ify organizational form (as NEIDII con | , | |

DEC 27 2016 Secretary of State

| I he file number, if any, is: |
|--|
| State Country Texas Secretary of State file number If not a domestic entity, its registered or principal office address in its jurisdiction of formation is: |
| Street Address City State Country |
| The number of outstanding ownership interests of each class or series and the number and percentage of ownership interests of each class or series owned by the parent organization are as follows: |
| Number of ownership interests outstanding Class Series Number owned by parent Percentage Owned |
| |
| ☐ The organization will survive the merger. ☐ The organization will not survive the merger. |
| Subsidiary 3 |
| Name of Organization The organization is a: Specify organizational form (e.g., for-profit corporation) |
| State Country Texas Secretary of State file number If not a domestic entity, its registered or principal office address in its jurisdiction of formation is: |
| The number of outstanding ownership interests of each class or series and the number and percentage of ownership interests of each class or series owned by the parent organization are as follows: Number of ownership interests outstanding Class Series Number owned by parent Percentage Owned |
| The organization will survive the merger. The organization will not survive the merger. |
| Resolution of Merger |
| A copy of the resolution of merger is attached. |
| The attached resolution was adopted and approved by the governing authority of the parent organization as required by the laws of its jurisdiction of formation and by its governing documents. |
| The resolution was adopted by the parent organization on 12/22/2016 |
| Organizations Created by Merger |
| The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the resolution of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger. |
| Name of New Organization ! Jurisdiction Entity Type (See instructions) |
| Principal Place of Rusiness Address Cin. State 7in Code |

| Nume of New Organization 2 | | Jurisdiction | Entity Type (See instructions) |
|--|--------------------------|----------------------|--------------------------------|
| | | | - |
| Principal Pluce of Business Address | City | | State Zip Code |
| | | | |
| Name of New Organization 3 | | Jurisdiction | Entity Type (See instructions) |
| | | | |
| Principal Place of Business Address | City | | State Zip |
| Effectiveness of | Filing (Select either A | A, B, or C.) | |
| A. This document becomes effective when the document is accepted and filed by the secretary of state. | | | |
| B. This document becomes effective at a la | ter date, which is | not more than | ninety (90) days from |
| the date of signing. The delayed effective date | is: December 31 | st, 2016 | |
| C. This document takes effect on the occur | | event or fact | , other than the |
| passage of time. The 90th day after the date of | | , | ., |
| The following event or fact will cause the docu | iment to take offer | t in the manr | er described below: |
| Text Area | | ** | |
| | | | |
| | | | |
| | | | |
| | x Certificate | | |
| Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity. | | | |
| In lieu of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes. | | | |
| Execution | | | |
| The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the parent organization, to execute the filing instrument. | | | |
| Date: December 22, 2016 | | | |
| | S.P.M. Flow Co. | | <u> </u> |
| | Parent Organization Na | me A | |
| | Signature of authorized | | tions) |
| • | Stephen Gee | person (see marric | none) |
| | Printed or typed name of | of authorized persor | 1 |

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Form 623

RECORDED: 06/07/2021