

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM661333

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HUBB, Inc.		10/12/2018	Corporation:
RECEIVING PARTY DATA			
Name:	HUBB, Inc.		
Street Address:	4510 NE 68th Drive		
Internal Address:	Suite 102		
City:	Vancouver		
State/Country:	WASHINGTON		
Postal Code:	98661		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4675772	HUBB	
CORRESPONDENCE DATA			
Fax Number:	9497609502		
<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:	9497600404		
Email:	efiling@knobbe.com		
Correspondent Name:	knobbe martens olson & bear llp		
Address Line 1:	2040 Main St		
Address Line 2:	14th Floor		
Address Line 4:	Irvine, CALIFORNIA 92614		
NAME OF SUBMITTER:	Melanie J. Seelig		
SIGNATURE:	/Melanie J Seelig/		
DATE SIGNED:	07/20/2021		
Total Attachments: 6			
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FILED

Secretary of State

State of Washington

Date Filed: 10/15/2018

Effective Date: 10/15/2018

UBI No: 603 559 144

**ARTICLES OF CONVERSION
OF
HUBB, INC., a Washington corporation
TO
HUBB, INC., a Delaware corporation**

Pursuant to the provisions of Chapter 23B.09 of the Revised Code of Washington ("RCW"), the undersigned hereby executes the following Articles of Conversion:

1. The name of the converting entity is Hubb, Inc., a Washington corporation ("*Converting Entity*"). The Converting Entity has been converted into a Delaware corporation.
2. The name of the entity after conversion is Hubb, Inc., a Delaware corporation ("*Converted Entity*").
3. The date the conversion was effective under the provisions of the Delaware General Corporation Law was October 15, 2018.
4. The conversion was approved as required by Chapter 23B.09.030 RCW and the Delaware General Corporation Law.
5. The address of the Converted Entity's principal office for the purposes of service of process under RCW 23.95.450 is:

4510 NE 68th Drive Suite #102
Vancouver, WA, 98661

EXECUTED on October 12, 2018.

HUBB, INC.

By: Allison Magyar
Name: Allison Magyar
Title: President



Office of the Secretary of State
Corporations & Charities Division
(360) 725 - 8377 | www.sos.wa.gov/corps
801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- Expedite Service \$50
- Nonprofit \$30
- All Other Entity Types \$180

FOREIGN REGISTRATION STATEMENT

RCW 23.95

REQUALIFICATION:

Has this entity previously registered with the Office of the Secretary of State? (Check one) Yes No

If Yes, provide UBI #, Expiration date and continue: UBI #: 603559144 Expiration: 11/30/2018

If No, please continue.

Do you already have a UBI Number? (Check one) Yes No If Yes, provide UBI # 603559144

If No, a new UBI# will be issued to you upon successful completion of the filing.

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partnership. If you do not have a UBI Number, please select "no" above and continue with the filing.

ENTITY NAME: Name must match the name listed on the Certificate of Existence

Does the entity have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: Hubb, Inc.

For name requirements please see the following RCW(s) as shown below.

Profit Corporation - RCW 23.95.305 (1), Nonprofit Corporation - RCW 23.95.305 (2), Limited Partnership - RCW 23.95.305 (3),

Limited Liability Partnership - RCW 23.95.305 (4), Limited Liability Company - RCW 23.95.305 (5)

DOING BUSINESS AS (DBA) NAME: RCW 23.95.525

If above name is not available, enter a name to be used in Washington State. _____

JURISDICTION:

Country: USA

State: Delaware

REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: CT Corporation System

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual	<input type="checkbox"/> Entity	<input type="checkbox"/> Office or Position
_____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	_____ Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	_____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____

Email: _____

<p>Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address: <u>711 Capitol Way S, Suite 204</u></p> <p>Zip: <u>98501</u> City: <u>Olympia</u></p>	<p>Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address: _____</p> <p>Zip: _____ City: _____</p>
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CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

<u>Deborah Brouse</u>	Deborah Brouse, Assistant Secretary	10/15/2018
Signature of Registered Agent	Printed Name/Title	Date

<p align="center">Principal Office Street Address (Must be a physical address; No PO Box or PMB)</p> <p>Address: 4510 NE 68th Drive, Suite 102</p> <hr/> <p>Zip: 98661 City: Vancouver</p> <hr/> <p>State: WA Country: USA</p>	<p align="center">Mailing Address (optional) ☑ Check if mailing address is the same as street address.</p> <p>Address: _____</p> <hr/> <p>Zip: _____ City: _____</p> <hr/> <p>State: _____ Country: _____</p>
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Phone: (optional) _____ Email: (optional) terrence.ehlers@stoel.com

GOVERNORS:

List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor

Name: <u>Allison Magyar</u>	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

DATE OF FORMATION IN HOME JURISDICTION: 10/12/2018

PERIOD OF DURATION IN HOME JURISDICTION: Please check ONE of the following

This Company has a perpetual duration (default) This Company has a duration of _____ years.

This Company expires on _____

NATURE OF BUSINESS: (briefly describe the type of business your entity conducts in the state of Washington):

Software

DATE BEGAN DOING BUSINESS IN WASHINGTON: Please check ONE of the following:

Date of filing Specify a Date _____

EFFECTIVE DATE:

Date of filing Specify a Date _____ (Cannot be more than 90 days from received date)

RETURN ADDRESS FOR THIS FILING: (Optional)

This address will be sent document(s) regarding this specific filing in addition to document (s) being sent to the Registered Agent's street/ mailing address.

Attention to: _____

Email: terrence.ehlers@stoel.com

Address: _____

City _____ State _____ Zip _____

EXECUTOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Address: 4510 SE 68th Drive Suite 102

City Vancouver State WA Zip 98661

Allison Magyar Allison Magyar -President 10/12/2015

Signature of Executor

Printed Name/Title

Date

REQUIRED: A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUBB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HUBB, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



7102267 8300

SR# 20187136034

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

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203608996

Date: 10-15-18

Work Order #: 2018101500479797 - 1

TRADEMARK Received Date: 10/15/2018

REEL: 007360 FRAME: 0334 Amount Received: \$240.00

RECORDED: 07/20/2021

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