TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM667177

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
HUBB, INC.		10/12/2018	Corporation: WASHINGTON

RECEIVING PARTY DATA

Name:	HUBB, INC.	
Street Address:	915 Broadway St #100	
City:	Vancouver	
State/Country:	WASHINGTON	
Postal Code:	98660	
Entity Type:	Corporation: DELAWARE	

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	4675771	HUBB H

CORRESPONDENCE DATA

Fax Number: 9497609502

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.

9497600404 Phone:

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: Silas K. Alexander	
SIGNATURE:	/Silas K. Alexander/
DATE SIGNED:	08/12/2021

Total Attachments: 6

source=Hubb Inc (WA) to Hubb Inc (DE)#page1.tif source=Hubb Inc (WA) to Hubb Inc (DE)#page2.tif source=Hubb Inc (WA) to Hubb Inc (DE)#page3.tif source=Hubb Inc (WA) to Hubb Inc (DE)#page4.tif source=Hubb Inc (WA) to Hubb Inc (DE)#page5.tif

> **TRADEMARK** REEL: 007389 FRAME: 0305

900636420

source=Hubb Inc (WA) to Hubb Inc (DE)#page6.tif

TRADEMARK REEL: 007389 FRAME: 0306

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



Corporations & Charities Division

(360) 725 - 0377 | www.sos.ws.gov/corps 801 Capitol Way S, Olympia, WA 98504-0234

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

_								
1								
1	*							
1	₩.							
ş	೦							
1	3)							
ŧ	29							
-	N-DE							
ŧ	*							
ł	ಜೆ							
ł	1000							
8	Sand							
š	8							
1	٠,٧٠							
1	>\$							
8	<u>.</u>							
8	344							
I	. 153							
8	This Box For Office Use Only							
8,		00000000000	000000000000000000000000000000000000000	nicio de concención de la concención de	000000000000000000000000000000000000000	 ************	******	-

FOREIGN REGISTRATION STATEMENT

RCW 23.95

REQUALIFICATION:	H-000000000000000000000000000000000000
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.	Marannanananananan
Do you aiready have a UBI Number? (Check one) * Yes O 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, Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number Department of Central 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	040000000000000000000000000000000000000
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 9	5.305 (3)
Limited Liability Partnership - RCW 23.95.305 (4), Limited Liability Company - RCW 23.95.305 (5)	
DOING BUSINESS AS (DBA) NAME: <u>RCW 23.95.525</u>	F50000040000000000
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 Com	mercial Registered	Agent: CT Corporation	n System	
A Commercial Registered Agent is an receive legal documents on behalf of a on record with the office.	-	**		
A Registered Agent consent is still re	quired for a Comm	ercial Registered A	gent loc	ated below.
If No, please continue below				
Please complete ONE type of Re Then continue to pr	•	•		
□ Individual	□ X	intity		Office or Position
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	(Any business not regi-	ercial Registered Agent. stered as a Commercial d Agent.)	if usin regist	Office or Position serves as agent. (Only g the specific office or position as the tered agent, no matter who holds the like: Secretary, Member or Treasurer.)
Phone:	. En	nail:		
Registered Agent Street Addro (Must be a physical address No Pt)	` • ·	3		Sailing Address (optional) se is the same as street address
Country: United States State: Y	Yashington	Country: United 5	<u>States</u>	State: Washington
Address : 711 Capitol Way S, Si	uite 204	Address :	***************************************	
Zip: 98501 City: Olympia		Zip:	City:	
CONSENT TO SERV	E AS REGISTERE	D AGENT - REQUI	RED F	OR ALL TYPES
I hereby consent to serve as Registered responsibility to accept service of procand to immediately notify the Office of	ess, notices, and dem	ands on behalf of the	entity;	to forward mail to the entity;
Ochoren Browne	Deborah Bro	use, Assistant Sec	retary	10/15/2018
Signature of Registered Agent		Printed Name/Title		Date

Principal Office Street Address (Must be a physical address; No PO Box or PMB) Address: 4510 NE 68th Drive, Suite 102	Mailing Address (optional) 8 Check if mailing address is the same as street address. Address:
Zip: 98661 City: Vancouver	Zip:City:
State: WA Country: USA	State:Country:
Phone: (optional) Emai	ll: (optional) terrence chlers@stoel.com
GOVERNORS:	
List at least one, attach additional pages if necessary *A	n entity cannot serve as its own Governor
Name: Allison Magyar	Name:
Name:	Name:
Name:	Name:
DATE OF FORMATION IN HOME JURISDICTION:	10/12/2018
PERIOD OF DURATION IN HOME JURISDICTION:	Please check <u>QNE</u> of the following
■ This Company has a perpetual duration (default) □ This	Company has a duration ofyears.
☐ This Company expires on	
NATURE OF BUSINESS: (briefly describe the type of busines Software	s your entity conducts in the state of Washington);
DATE BEGAN DOING BUSINESS IN WASHINGTON	I: Please check <u>ONE</u> of the following:
■ Date of filing ☐ Specify a Date	······

EFFECTIVE DATE:	······································				******
■ Date of filing □ S	pecify a Date		Caunot be more than 9	0 days from received date)	
RETURN ADDRESS	FOR THIS FILING	: (Optional)		666666-sanisainnaannaannaannaannaannaannaannaan	<u>asaaa000000000000000000000000000000000</u>
This address will be ser Registered Agent's stre		ding this specific	filing in addition to	document (s) being sent to the	;
Attention to:		~~~	***************************************		
Email: terrence.eitlers@	istoel.com	277711111111111111111111111111111111111			
Address:			;		
City	State	Zip			
EXECUTOR INFOR	MATION:	***************************************	**************************************	**************************************	***************************************
Nar	ne, address, and sig	nature required.	Attach additional	sheets if necessary.	
This record is hereby	executed under pen	alties of perjury,	and is, to the besi	of my knowledge, true and c	orrect.
Address: 4510 SE 68th	Drive Suite 102				
City Vancouver					
Miss	s. Nagyair	Allison Magyar	-President	10/12/2015	
		Printed Name/Title			
date of submission m	ust be attached to th	iis Statement, Fa	ilure to do so wil	ied no more than 60 days be I result in the Statement bein ating authority for instruction	ıg



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

WIRE.

Authentication: 203608996

Date: 10-15-18

Work Order #: 2018101500479797 - 1

TRADEMARK Received Date: 10/15/2018 REEL: 007389 FRAME. 0372 eived: \$240.00

Page: 6 of 6

RECORDED: 08/12/2021