

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM680465

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
APP Holdings L.P.		10/13/2020	Limited Partnership: CANADA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Plasman Holdings LP		
<b>Street Address:</b>	5245 Burke Street		
<b>City:</b>	OLDCASTLE, ONTARIO		
<b>State/Country:</b>	CANADA		
<b>Postal Code:</b>	N9G0B9		
<b>Entity Type:</b>	Limited Partnership: CANADA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	90155333	OMNILUXE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7137546652		
<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>			
<b>Phone:</b>	713-374-3652		
<b>Email:</b>	GTIPMAIL@GTLAW.COM		
<b>Correspondent Name:</b>	Mark G. Chretien		
<b>Address Line 1:</b>	1000 Louisiana Street, Suite 1700		
<b>Address Line 4:</b>	Houston, TEXAS 77002		
<b>ATTORNEY DOCKET NUMBER:</b>	169181-011500/US		
<b>NAME OF SUBMITTER:</b>	Mark G. Chretien		
<b>SIGNATURE:</b>	/Mark G. Chretien/		
<b>DATE SIGNED:</b>	10/12/2021		
<b>Total Attachments: 4</b>			
source=NameChange#page1.tif			
source=NameChange#page2.tif			
source=NameChange#page3.tif			
source=NameChange#page4.tif			

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Print clearly in CAPITAL LETTERS / Écrivez clairement en LETTRES MAJUSCULES

1. Declaration Type / Type de déclaration		A. <input checked="" type="checkbox"/> New / Nouvelle	B. <input checked="" type="checkbox"/> Name Change / Modification de la raison sociale	C. <input type="checkbox"/> Change (other than name change) / Changement (autre que modification de la raison sociale)
D. <input type="checkbox"/> Renewal Without Name Change / Renouvellement sans modification de la raison sociale		E. <input type="checkbox"/> Renewal With Name Change / Renouvellement avec modification de la raison sociale		F. <input type="checkbox"/> Dissolution / Dissolution
				G. <input type="checkbox"/> Withdrawal / Retrait
Enter the Business Identification Number (BIN) for all Declaration Types except Type A. / Entrez le n° d'identification de l'entreprise (NIE) pour tous les types de déclaration, sauf pour le type A.				BIN (Business Identification No.) / NIE N° d'identification de l'entreprise <b>211311030</b>

2. Firm Name / Raison sociale de la société en commandite

**P L A S M A N H O L D I N G S L P**

3. Mailing Address of Registrant / Adresse postale de registrant

Street No. / N° de rue <b>5245</b>	Street Name / Nom de la rue <b>BURKE STREET</b>	Suite No. / Bureau n°
City / Town / Ville <b>OLDCASTLE</b>	Province / Province <b>ONTARIO</b>	Country / Pays <b>CANADA</b>
		Postal Code / Code postal <b>N9G 0B9</b>

4. Address of Principal Place of Business in Ontario / Adresse de l'établissement principal en Ontario

Same as above / comme ci-dessus  Extra-Provincial Limited Partnership without business address in Ontario / Société en commandite extraprovinciale sans établissement en Ontario

Street No. / N° de rue <b>5245</b>	Street Name / Nom de la rue <b>BURKE STREET</b>	Suite No. / Bureau n° (PO Box not acceptable / CP non acceptés)
City / Town / Ville <b>OLDCASTLE</b>	Province / Province <b>ONTARIO</b>	Country / Pays <b>CANADA</b>
		Postal Code / Code postal <b>N9G 0B9</b>

5. General Nature of Business / Nature générale de l'activité exercée

**I N V E S T M E N T I N S E C U R I T I E S**

6. Information Regarding General Partner(s) / Renseignements sur le ou les commandités

(A) Individual / Personne physique - Last Name / Nom de famille First Name / Prénom Middle Name / Autre prénom

(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale Ontario Corporation Number / N° matricule de la personne morale en Ontario

**APP HOLDINGS MANAGEMENT INC.**  
**1863753**

Street No. / N° de rue <b>1066</b>	Street Name / Nom de la rue <b>WEST HASTINGS STREET</b>	Suite No. / Bureau n° <b>2600</b>
City / Town / Ville <b>VANCOUVER</b>	Province / Province <b>BRITISH COLUMBIA</b>	Country / Pays <b>CANADA</b>
		Postal Code / Code postal <b>V6E 3X1</b>

Signature of General Partner or Attorney for the General Partner / Signature du commandité ou de son procureur

*X Eliot Kerlin*

Check if signing as attorney on behalf of the general partner pursuant to s. 32 of the *Limited Partnerships Act*. / Cochez la case ci contre si le signataire est le procureur du commandité (art. 32 de la Loi)

Print Name of Signatory / Nom du signataire en lettres moulées  
**ELIOT KERLIN**

For a new Declaration, name change or renewal, Item 6 must be completed and signed by all the general partners or their attorneys. If there is more than one general partner, set out the total number of partners in the box and attach additional schedule(s) / Pour une nouvelle Déclaration, une modification de la raison sociale ou un renouvellement, il faut remplir la section 6 pour chaque commandité, et chaque commandité ou son procureur doit signer la section 6. S'il y a plus d'un commandité, entrez le nombre total de commandités dans la case ci contre et remplissez et joignez une ou des annexes.

Number of General Partners / Nombre de commandités  
**1**

7. Jurisdiction of Formation / Territoire d'origine

**ONTARIO**

Extra-Provincial Limited Partnership Carrying on Business in Ontario / Société en commandite extraprovinciale menant des activités en Ontario

8. Information Regarding Attorney/Representative for an Extra-Provincial Limited Partnership - (Does not apply to limited partnerships formed in another Canadian jurisdiction that have an office or other place of business in Ontario) / Renseignements sur le procureur / représentant de la société en commandite extraprovinciale - (Ne s'applique pas aux sociétés en commandite d'un autre territoire canadien qui ont un établissement en Ontario)

Power of Attorney - Check the box to confirm there is an executed Power of Attorney (Form 4) appointing the person/corporation listed below to be the attorney and representative in Ontario. The attorney/representative is required to keep the executed Form 4 available for inspection at the address set out below. / Procuration - Cochez la case ci-contre pour confirmer qu'il y a une Procuration signée (Formule 4) nommant la personne physique ou morale indiquée ci dessous à titre de procureur et représentant en Ontario. Celui ci doit tenir la Formule 4 signée à disposition aux fins d'inspection à l'adresse ci dessous.

Attorney / Representative - Procureur / représentant		MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE	
(A) Individual / Personne physique - Last Name / Nom de famille	First Name / Prénom	Middle Name / Autre prénom	
(B) Corporation, Partnership etc. / Personne morale, société en nom collectif etc. - Name / Raison sociale		Ontario Corporation Number / N° matricule de la personne morale en Ontario	
		<b>BIN/EIN: 211311030</b>	
		<b>NAME/</b>	
		<b>NOM: PLASMAN HO</b>	
		<b>REG/ENR: 2020-10-13</b>	
		<b>EXP/EXP: 2026-12-17</b>	
Street No. / N° de rue	Street Name / Nom de la rue	Suite No. / Bureau n°	
City / Town / Ville	Province / Province	Country / Pays	
		Postal Code / Code postal	

Print clearly in CAPITAL LETTERS  
 Écrivez clairement en LETTRES MAJUSCULES

**1. Registration Type**  
 Type d'enregistrement

If B, C, or D enter "Business Identification Number"  
 En cas de B, C ou D, inscrivez le n° d'identification de l'entreprise.

A <input checked="" type="checkbox"/> New Nouveau	B <input type="checkbox"/> Renewal Renouvellement	C <input type="checkbox"/> Amendment Modification	D <input type="checkbox"/> Cancellation Révocation	BIN Business Identification No. NIE N° d'identification de l'entreprise
--	--	--	---	--

**2. Partnership Business Name**  
 Nom commercial

**3. Mailing Address of Registrant**  
 Adresse postale de Registrant

Street No. / N° de rue 5245	Street Name / Nom de la rue BURKE STREET	Suite No. / Bureau n°
City / Town / Ville OLDCASTLE	Province / Province ONTARIO	Postal Code / Code postal N9G 0B9
Country / Pays CANADA		

**4. Address of principal place of business in Ontario** (P.O. Box not acceptable)  
 Adresse de l'établissement principal en Ontario (Case postale non acceptée)

Street No. / N° de rue 5245	Street Name / Nom de la rue BURKE STREET	Suite No. / Bureau n°	City / Town / Ville OLDCASTLE
Province / Province ONTARIO		Postal Code / Code postal N9G 0B9	Country / Pays

**5. Give a brief description of the ACTIVITY being carried out under the business name.**  
 Résumez brièvement le genre d'ACTIVITÉ exercée sous le nom commercial.

INVESTMENT IN SECURITIES

**6. Type of Registrant**  
 Type d'entité enregistrée

A  General Partnership / Société en nom collectif  
 B  Limited Partnership / Société en commandite

**7. Firm Name**  
 Raison sociale de la société

PLASMAN HOLDINGS LP

<b>8. BIN Business Identification No. for Firm Name</b> (refer to #7) NIE de la société désignée en 7
211311030

**9. Print name of person authorizing this registration** (either a general partner or a person acting under a power of attorney).  
 Indiquez en lettres majuscules le nom de la personne autorisant l'enregistrement (associé, commandité ou personne habilitée en vertu d'une procuration).

Last Name / Nom de famille KERLIN	First Name / Prénom ELIOT	Middle Initial / Initiale 2 <sup>e</sup> prénom
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Additional Information: If the person authorizing the registration is not an individual, (e.g. corporation, trust, syndicate), set out the name, together with the name of the individual authorized to sign on that person's behalf, in "Additional Information", and do not complete the space above (see Instructions, number 9).  
 Renseignements supplémentaires : Si l'enregistrement est autorisé par une entreprise (personne morale, société de fiducie, consortium, etc.), indiquez ci-dessous la raison sociale de l'entité et le nom de la personne habilitée à signer (voir Instructions, art. 9).

**Additional Information (name) / Renseignements supplémentaires (raison sociale)**

PLASMAN HOLDINGS MANAGEMENT INC.

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**Authorized to Sign / Signataire autorisé**

Last Name / Nom de famille KERLIN	First Name / Prénom ELIOT
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MINISTRY USE ONLY - RÉSERVÉ AU MINISTÈRE

BIN/EIN: 301135125  
 NAME/  
 NOM...: PLASMAN  
 REG/ENR: 2020-10-13  
 EXP/EXP: 2025-10-12

It is the responsibility of the applicant(s) to ensure the accuracy of the information submitted. It is an offence under section 10 of the *Business Names Act* to submit false or misleading information.  
 Il incombe aux demandeurs de veiller à l'exactitude des renseignements présentés. Le demandeur qui fait une déclaration faussée ou trompeuse commet une infraction en vertu de l'article 10 de la *Loi sur les noms commerciaux*.

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**RESOLUTION OF THE DIRECTORS  
OF  
APP HOLDINGS MANAGEMENT INC.  
(the “Corporation”)  
as general partner of  
APP HOLDINGS LP  
(the “Limited Partnership”)**

**RECITALS:**

- A. The Limited Partnership is a limited partnership formed pursuant to the laws of the Province of Ontario on December 20, 2011.
- B. The Corporation, as general partner of the Limited Partnership, wishes to change the name of the Limited Partnership.

**NOW THEREFORE BE IT RESOLVED THAT:**

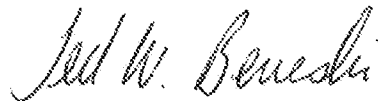
**Change of Name of Limited Partnership**

- 1. The name of the Limited Partnership be changed from APP Holdings LP to “Plasman Holdings LP”, effective October 13, 2020.
- 2. Any one officer or any one director of the Corporation (each, an “**Authorized Officer**”) is hereby authorized on behalf of the Corporation to execute, deliver and file a declaration of limited partnership under the *Limited Partnerships Act* (Ontario) and any related documents in the name and on behalf of the Corporation and under its corporate seal or otherwise, on such terms and conditions and in such form deemed necessary and/or desirable and approved by such Authorized Officer with such changes and modifications thereto as such Authorized Officer may in his or her discretion approve, which approval shall be conclusively evidenced by the execution of such documents by such Authorized Officer.
- 3. Each Authorized Officer is hereby authorized and directed to take all such further actions, to execute and deliver such further agreements, instruments and documents in writing and to do all such other acts and things as in his or her opinion may be necessary and/or desirable in the name and on behalf of the Corporation and under its corporate seal or otherwise to give effect to the foregoing resolutions, which opinion shall be conclusively evidenced by the taking of such further actions, the execution and delivery of such further agreements, instruments and documents and the doing of such other acts and things.

*Signature page to immediately follow.*

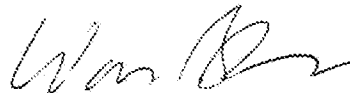
The undersigned, being all of the directors of the Corporation, sign the foregoing resolutions in accordance with the provisions of the *Business Corporations Act* (British Columbia).

**DATED** as of the 13th day of October, 2020.



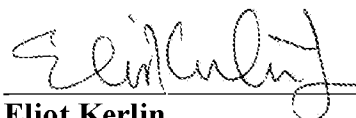
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**Ted W. Beneski**



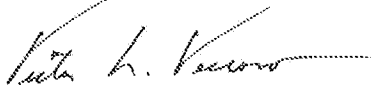
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**Warren Bonham**



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**Eliot Kerlin**



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**Victor L. Vescovo**