TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM681283

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
Aquaphoenix Scientific, Inc.		07/19/2021	Corporation: PENNSYLVANIA	

RECEIVING PARTY DATA

Name:	Aquaphoenix Scientific, LLC
Street Address:	860 Gitts Run Road
City:	Hanover
State/Country:	PENNSYLVANIA
Postal Code:	17331
Entity Type:	Limited Liability Company: PENNSYLVANIA

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	3424964	ENDPOINT ID
Registration Number:	4023631	AQUATOUCH
Registration Number:	3451011	H2TRONICS
Registration Number:	3655966	WHERE WATER AND TECHNOLOGY MEET
Registration Number:	5542833	ALIQUOT
Registration Number:	5484208	AQUAPHOENIX SCIENTIFIC
Registration Number:	6120285	FLEX REPORTS
Registration Number:	4687965	H2TRONICS

CORRESPONDENCE DATA

Fax Number: 4122091950

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: 4122974900

Email: iptrademark.dcg@dentons.com Dentons Cohen & Grigsby P.C. **Correspondent Name:**

Address Line 1: 625 Liberty Avenue

Address Line 4: Pittsburgh, PENNSYLVANIA 15222

ATTORNEY DOCKET NUMBER:	034621.0001
NAME OF SUBMITTER:	Robyn A. Shelton

SIGNATURE:	/robyn a. shelton//	
DATE SIGNED:	10/15/2021	
Total Attachments: 5		
source=Statement of Conversion - AquaPhoenix (7.19.21)#page1.tif		
source=Statement of Conversion - AquaPhoenix (7.19.21)#page2.tif		
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Entity# : 4212491 Date Filed : 07/19/2021 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

Return per instructions on the expedite counter form.	876217	1 180 80 8080 800 800 800 800 800 800 800	ent of Conversion OSCB:15-355 (7/1/2015) WWW WWW WWW WWW WWW WWW WWW WWW WWW W
R	ead all instructions	prior	
Fee: \$70			
In compliance with the requirement conversion), the undersigned association, or			
A. For the converting association:			
1. The name of the converting associa	tion is: AquaPhoe	nix Scientific, Inc.	<u> </u>
2. The jurisdiction of formation of the	converting associate	tion is: Pennsylvania	
3. The type of association is (check or	nly one):		
☐ Nonprofit Corporation		nip (General) Partnership Limited Partnership	☐Business Trust ☐Professional Association ☐Other
4. Date on which the association was	created, incorporate	d, formed or otherwise ca	ame into existence:
09/09/2013 (MM/DD/YYYY)			
If the converting association is a do corporation, limited partnership, lin under which it was first created, inc	nited liability compa	any, professional associat	tion or business trust), the statute
Business Corporation Law of 1988			

PA DEPT OF STATE

JUL 19 2021

6. Check and complete one of the following addresses for the converting association.

	U	domestic filing association, domestic limite e current registered office address as on file w <i>th</i> :	* *	_
Ø	(a) 860 Gitts Run Road	Hanover PA	A 17331	York
ا ن	Number and street	City Sta	nte Zip	County
	(b) c/o:			
	Name of Commercial Registered	l Office Provider		County
		domestic association that is not a domestic including street and number, if any, of its pri	_	or limited
	Number and street	City Sta	ite Zip	County
		ice, if any, required to be maintained by the later registered or similar office, its principal office. City St		
	2. The jurisdiction of formation of t3. The type of association is (checkBusiness Corporation	☐ Limited Partnership	□ Business Trus	
	☐ Nonprofit Corporation ☐ Limited Liability Company	☐ Limited Liability (General) Partnership☐ Limited Liability Limited Partnership	☐ Professional A☐ Other	Association

4. Check and complete one of the following addresses for the converted association.

	If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:				ip or		
7	(a) 860 Gitts Run Road	Hanover	PA	17331	York		
_	Number and street	City	State	Zip	County		
	(b) c/o:Name of Commercial Registered Off	ice Provider			County		
	If the converted association is a dom liability partnership, the address, incl				limited		
	Number and street	City	State	Zip	County		
	If the converted association is a none (1) The address, including street and remaintained by the law of its jurisdiction office, its principal office address:	number, if any, of its registered	or similar office,	if any, requir			
_	Number and street	City	State	Zip			
	(2) The name and address, including s	(2) The name and address, including street and number, of its registered agent:					
	Name of Registered Agent						
	Number and street	City	State	Zip			
	Effective date of statement of conversion shall be. This Statement of Conversion shall be. This Statement of Conversion shall be. Approval of conversion by converting. For converting association that is a derivative pa.C.S. Chapter 3, Subchapter E (red.) For converting association that is a feature of the conversion shall be converted to the conversion of the conversion shall be conversion.	Date (MM/E) association (check only one): lomestic entity – The plan of coating to conversion).	epartment of Stat DD/YYYY) nversion was app	e. tHour (if a	ordance with 15		
	of the jurisdiction of formation of the						
E. A	Attachments (see Instructions for require	ed and optional attachments).					
	CESTIMONY WHEREOF, the undersigned by a duly authorized officer thereof the		aused this Statem July	nent of Conve	ersion to be , 20 <u>21</u>		
		Ву:	DENIX SCIENTIF Name of Convertin M Signatur	ng Association	713		
		F	ranklin N. Lecron	e, III, Preside	nt		

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

		Certificate of Domestic Limite DSCB:15-88		mpany
		_	·····	
Read all instructions prior to comp	oleting. This form may b	e submitted online at https://	/www.corpora	tions.pa.gov/.
Fee: \$125	a veteran/reservist-own	ned small business fee exemp	otion (see instr	ructions)
In compliance with the required undersigned desiring to organize a		§ 8821 (relating to certificating, hereby certifies that:	e of organizat	ion), the
1. The name of the limited liability (designator is required, e.g., "co	ty company is: AquaPhompany," "limited" or "lim	penix Scientific, LLC	abbreviation th	ereof)
2. Complete part (a) or (b) – not	both:			
(a) The address of this limite (post office box alone is not	d liability company's re	gistered office in this Commo	onwealth is:	
860 Gitts Run Road	Hano	ver PA	17331	York
Number and Street	City	State	Zip	County
(b) The name of this limited is:	liability company's com	mercial registered office pro	vider and cou	nty of venue
Name of Commercial Registered Off	ice Provider	(County	
3. The name of each organizer is	(all organizers must sig	m on page 2):		
4. Effective date of Certificate of	Organization (check, a	nd if appropriate complete, o	one of the follo	owing):
		pon filing in the Department		
☐ The Certificate of Organiza			at	,
S		Date (MM/DD/YYYY)	Но	ur (if any)

DSCB:15-8821-2

5. -	Restricted professional companies only.					
	Check the box if the limited liability company is organized to render a restricted professional service and					
	check the type of restricted professional service(s). The company is a restricted professional company organized to render the following restricted professional service(s):					
	Chiropractic Dentistry Law Medicine and surgery Optometry Osteopathic medicine and surgery Podiatric medicine Public accounting Psychology Veterinary medicine					
Φ.	Benefit companies only. Check the box immediately below if the limited liability company is organized as a benefit company:					
	This limited liability company shall have the purpose of creating general public benefit.					
	Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.					
	☐ This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):					
7.	For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).					
IN	TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this					
	day of, 20_21					
	Signature					
	Signature					
	oignature .					
	Signature					

TRADEMARK REEL: 007453 FRAME: 0007

RECORDED: 10/15/2021