TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM728706 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT NATURE OF CONVEYANCE: MERGER EFFECTIVE DATE: 12/31/2020

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Aire Technologies, Inc.		12/10/2020	Corporation: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	DMI Companies, Inc.
Street Address:	210 Fifth Street
City:	Charleroi
State/Country:	PENNSYLVANIA
Postal Code:	15022-1514
Entity Type:	Corporation: PENNSYLVANIA

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	4955177	TRUE TRUSS

CORRESPONDENCE DATA

Fax Number: 4129181199

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: 4129181110

Email: ipdocket@metzlewis.com

Correspondent Name: Barry I. Friedman

Address Line 1: 535 Smithfield Street - Suite 800 Address Line 4: Pittsburgh, PENNSYLVANIA 15222

NAME OF SUBMITTER:	Barry I. Friedman
SIGNATURE:	/Barry I. Friedman/
DATE SIGNED:	05/18/2022

Total Attachments: 6

source=CertificateMerger342072#page1.tif source=CertificateMerger342072#page2.tif source=CertificateMerger342072#page3.tif source=CertificateMerger342072#page4.tif source=CertificateMerger342072#page5.tif

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Entity# : 624283 Date Filed : 12/21/2020 Effective Date : 12/31/2020 Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to: Name RETURN PER INSTRUCTIONS ON			Statement of Merger		
		· · · · · · · · · · · · · · · · · · ·	DSCB:15-335 (7/1/2015)		
Address	EXPEDITE FORM				
City	State	Zip Code	TGO201221MC1033		
Ret	urn document by email to:				
	Read a	Il instructions	prior t		
Fee:	\$70 plus \$40 for each association that is. The minimum amount to be submitted to				
merger), the undersigned, desiring to effect a m		provisions of 15 Pa.C.S. § 335 (relating to Statement of states that:		
	r the surviving association: The name of the surviving association is	· DMI Comp	anies Inc		
2.	The jurisdiction of formation of the surv	iving associat	ion: Pennsylvania		
3.	The type of association of the surviving	association is	(check only one):		
	☑ Business Corporation☐ Nonprofit Corporation☐ Limited Liability Company				
	☐ Limited Partnership ☐ Limited Liability (General) Pa	utnership			
	☐ Limited Liability Limited Part				
	Business Trust				
	☐ Professional Association ☐ Other				

PA DEPT OF STATE

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4.	The	e surviving association is a (check on	ly one box, provide address and	follow instruction:	s for attachi	ments):			
		Domestic (Pennsylvania) filing entity already in existence on Department of State records If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.							
		NEW domestic (Pennsylvania) filing Attach to this Statement the public organ	a) filing entity (includes limited liability limited partnership) lic organic record of the new entity.						
	Foreign filing association or foreign limited liability partnership already registered with the Department. If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of to of merger.								
☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with Department of State Attach to this Statement a completed form DSCB: 15-412 (Foreign Registration Statement) with applicable fee and attachments. Its current registered office address. Complete part (a) OR (b) – not both:									
		(a) 210 Fifth Street,	Charleroi,	PA 15022-	1514 W	ashington			
		Number and street	City	State	Zip	County			
		(b) c/o:				***************************************			
		Name of Commercial Registered O	Office Provider			County			
		NEW domestic (Pennsylvania) limite Attach completed DSCB:15-8201 (States Domestic association that is not a do Attach to this Statement tax clearance co	ment of Registration) or DSCB:15- mestic filing association		(Election)				
		The address, including street and nur	mber, if any, of its principal offi	ce:					
		Number and street	City	State	Zip	County			
		Foreign association that is not, and valuach to this Statement tax clearance con The address, including street and numaintained by the law of its jurisdict similar office, its principal office:	ertificates. mber, if any, of its registered or	similar office, if ar					
		Number and street	City	State	Zip				

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В.	For the merging association(s) that are not surviving the merger:					
	1. The name of the merging association is: Aire Technologies, Inc.					
÷	2. The jurisdiction of formation of the merging association: Pennsylvania					
	3. The type of association is (check ☐ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company 4. Check and complete one of the fo	☐ Limited Partnership ☐ Limited Liability (General) Partners ☐ Limited Liability Limited Partnersh	ship		Trust nal Association	
: -	foreign association, the current re Complete part (a) OR (b) – not bo		e Departi	ment of State	¥	
Ø	(a) 210 Fifth Street, Number and street	Charleroi, City	PA 150 State	022-1514 Zip	Washington County	
	Number and Sireet	City	State	Zıμ	County	
	(b) c/o: Name of Commercial Registered	d Office Provider			County	
	liability partnership, the address,	omestic association that is not a domes including street and number, if any, of			or limited	
	Number and street	City	State	Zip	County	
	If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:					
	Number and street	City	State	Zip		

Use Statement of Merger – Addendum (DSCB:15-335AD) for additional merging parties that are not surviving the merger.

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C. Effective date of stateme	ent of merger (check, and if appropriate of	complete, one of	the following):
☐ This Statement of Me	erger shall be effective upon filing in the I	Department of S	tate.
	erger shall be effective on: 12/31/2020	· · · · · · · · · · · · · · · · · · ·	at 11:59 p.m.
\$\$	Date (MM/	DD/YYYY)	Hour (if any)
D. Approval of merger by r	nerging associations (check all applicable	le statement(s)):	
For domestic entities (relating to merger).	- The merger was approved in accordance	e with 15 Pa.C.:	S. Chapter 3, Subchapter C
	ons – The merger was approved in accordations that are not domestic entities – The i		
	n the manner required by its organic law.		oved by the interest holders of the
E. Attachments (see Instruct	tions for required and optional attachmen	ts).	
	e de la companya de La companya de la co	.~~ X ~:	
IN TESTIMONY WHEREOI	F, the undersigned merging associations h	ave caused this	Statement of Merger to be signed
by duly authorized officers the	ereof this 10th day of Decem	ber	, 20 2020

	DMI Companies, Inc.	Aire Tech	nologies, Inc.
	Name of Merging Association	* *	ne of Merging Association
			111 m
	/s/Raymond Yeager	/s/Bruce A	rnoldt
	Signature		Signature
	Signature		*
	President and CEO	President	*

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PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum DSCB:15-335AD (7/1/2015)



335Ad

This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

В.	For the merging association(s) that	are not surviving the merger (continu	ed):		
	1. The name of the merging associati	on is: Linx Industries, Inc.		<u></u>	<u> </u>
	2. The jurisdiction of formation of th	e merging association: Delaware			
	 3. The type of association is (check of Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company 4. Check and complete one of the fo 	☐ Limited Partnership ☐ Limited Liability (General) Partnersh ☐ Limited Liability Limited Partnership	ip 🔲 F	Business True Professional A	Association
				t of State.	ip or registered
Ø	Number and street	City	State	Zip	County
	(b) c/o:Name of Commercial Registered	Office Provider			County
		mestic association that is not a domesti including street and number, if any, of its			limited
	Number and street	City	State	Zip	County
	any, of its registered or similar offi	nregistered foreign association, the addice, if any, required to be maintained by the registered or similar office, its principal	ne law of it	s jurisdiction	
	Number and street	City	State	Zip	Viinnii Viinnii Vii
	TESTIMONY WHEREOF, the under an authorized officer thereof this 10th	rsigned association has caused this Statem day of <u>December</u>	ent of Mer	ger-Addend , 20_20	um to be signed
		Linx Industries,	lnc.	125, 225, 27, 2700, 32, 32, 32, 32, 32, 32, 32, 32, 32, 32	
		Name	of Merging A	Association	20 20 20 20 20 20 20 20 20 20 20 20 20 2
		/s/Timothy N. Or	<u></u>		······
		w 12 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Signature		
		President			

TRADEMARK
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Title

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum DSCB:15-335AD (7/1/2015)

RECORDED: 05/18/2022



This form is used to identify additional merging parties and must be submitted with the Statement of Merger form (DSCB:15-335).

В.	For the merging association(s) tha	t are not surviving the merger (continued	d):			
	1. The name of the merging association is: Ward Systems, Inc.					
	2. The jurisdiction of formation of the merging association: Pennsylvania					
	3. The type of association is (check ☐ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company	only one): Limited PartnershipLimited Liability (General) PartnershipLimited Liability Limited Partnership			st Association	
	4. Check and complete one of the fo	ollowing addresses.				
				State.	ip er registered hington	
IXI	Number and street		State	Zip	County	
	(b) c/o: Name of Commercial Registered	l Office Provider			County	
		omestic association that is not a domestic including street and number, if any, of its p			limited	
	Number and street	City	State	Zip	County	
	any, of its registered or similar off	onregistered foreign association, the addresice, if any, required to be maintained by the a registered or similar office, its principal of	: law of its jui			
	Number and street	City	State	Zip		
	FESTIMONY WHEREOF, the under under authorized officer thereof this 10t	rsigned association has caused this Statementh day of <u>December</u>	nt of Merger-	Addendi , 20 <u>20</u>	ım to be signed	
		Ward Systems, In	ic.			
			f Merging Assoc	iation		
		/s/Timothy N. Om	-		***************************************	
		mada (dana)	Signature			
		President				

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Title