

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM733941

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Kost USA Inc.		04/30/2022	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Kost USA, LLC		
Street Address:	1000 Tennessee Ave.		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45229		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 8			
Property Type	Number	Word Mark	
Registration Number:	3326436	ACHIEVAL	
Registration Number:	3804445	BIOCHILL	
Registration Number:	3313915	ANTI-CONSUMPTION ADDITIVE CONTAINS BITTE	
Registration Number:	3277022	DEFENDAL	
Registration Number:	2230641	KOST	
Registration Number:	2766816	KOSTGARD	
Registration Number:	4396465	TOUGHINAL	
Registration Number:	3169808	TOUGHINAL	
CORRESPONDENCE DATA			
Fax Number:	5132290683		
<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:	513-229-0383 x107		
Email:	css@nesbittip.com		
Correspondent Name:	Cheryl S. Scotney; Nesbitt IP LLC		
Address Line 1:	8837 Chapel Square Drive		
Address Line 2:	Suite C		
Address Line 4:	Cincinnati, OHIO 45249		
NAME OF SUBMITTER:	Cheryl S. Scotney		
SIGNATURE:	/Cheryl S. Scotney/		

OP \$215.00 3326436

DATE SIGNED:

06/10/2022

Total Attachments: 12

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/26/2022	202211602244	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

C T CORPORATION SYSTEM
4400 EASTON CMNS WAY
STE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
1130332

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

KOST USA, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

CHANGE BUSINESS TYPE OH LLC

Document No(s):

202211602244

Effective Date: **04/30/2022**



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
26th day of April, A.D. 2022.

Frank LaRose
Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453
 Central Ohio: 614.466.3910
 OhioSoS.gov
 business@OhioSoS.gov
 File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
 Regular Filing (non expedite)
 P.O. Box 1328
 Columbus, OH 43216
 Expedite Filing (Two business day processing time.
 Requires an additional \$100.00)
 P.O. Box 1390
 Columbus, OH 43216

For screen readers, follow instructions located at this path.

**Certificate for Conversion for Entities Converting
 Within or Off the Records of the Ohio Secretary of State
 Filing Fee: \$99
 Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio Secretary of State

(2) Converting Off The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

<input type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic Professional Association	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Company	

Effective Date (MM/DD/YYYY) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

(Optional)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,
 (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
 (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Alain Tanguay
Signature

SECRETARY
By (if applicable)

ALAIN TANGUAY
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ----> 202211602244

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Required
Must be signed by an authorized representative.

Alain Tanguay

Signature

By (if applicable)

Alain Tanguay, Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

KOST USA, INC.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 03/21/2022</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY) 03/21/2022</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) 03/21/2022</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature Alain Tanguay Title SECRETARY

ALAIN TANGUAY
Name

1000 Tennessee Ave.
Mailing Address

Cincinnati Ohio 45229
City State ZIP Code

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/19/2022



Linda Willey # 207652
Notary Public

Date Commission Expires (MM/DD/YYYY) 05/13/2023

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

KOST USA, INC.

Name of Corporation

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<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) []</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY) []</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) 4/19/2022</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [Signature] Title SECRETARY

ALAIN TANGUAY
Name

1000 Tennessee Ave.
Mailing Address

Cincinnati City Ohio State 45229 ZIP Code

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/19/2022



Linda Willey # 207652
Notary Public

Date Commission Expires (MM/DD/YYYY) 05/13/2023

DOC ID ----> 202211602244

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



Notary Public

Date Commission Expires (MM/DD/YYYY)

DOC ID ----> 202211602244



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



ALAIN TANGUAY
1000 TENNESSEE AVE
CINCINNATI, OH 45229
USA

March 21, 2022
Contact ID: 3433100312

RE: Certificate of Tax Clearance
Entity Name: Kost Usa, Inc.
Ohio Charter # 01130332
Certificate Issue Date: 03/21/2022

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

A handwritten signature in black ink, appearing to read "Jeffrey A. McClain".

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-995-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 610 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

**Articles of Organization for a Domestic
Limited Liability Company**
Filing Fee: \$99
Form Must Be Typed
115-LCA

Name of Limited Liability Company

(Name must include one of the following words or abbreviations:
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional:

Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.16(D), a limited liability company is formed when the articles of organization are filed by the secretary of state or at any later date or time specified in the articles of organization. Pursuant to Ohio Revised Code Section 1706.172(D), articles of organization delivered to the Ohio Secretary of State for filing may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. Articles of organization are effective as provided in Ohio Revised Code Section 1706.172(D).

Optional:

Purpose

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

KOST USA, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

Ohio

(Mailing State)

43219

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for KOST USA, LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature 
Kaity Toon, Asst Sec
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles of Organization shall be signed by at least one person.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Alain Tanguay

Signature

By (if applicable)

Alain Tanguay, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name