

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

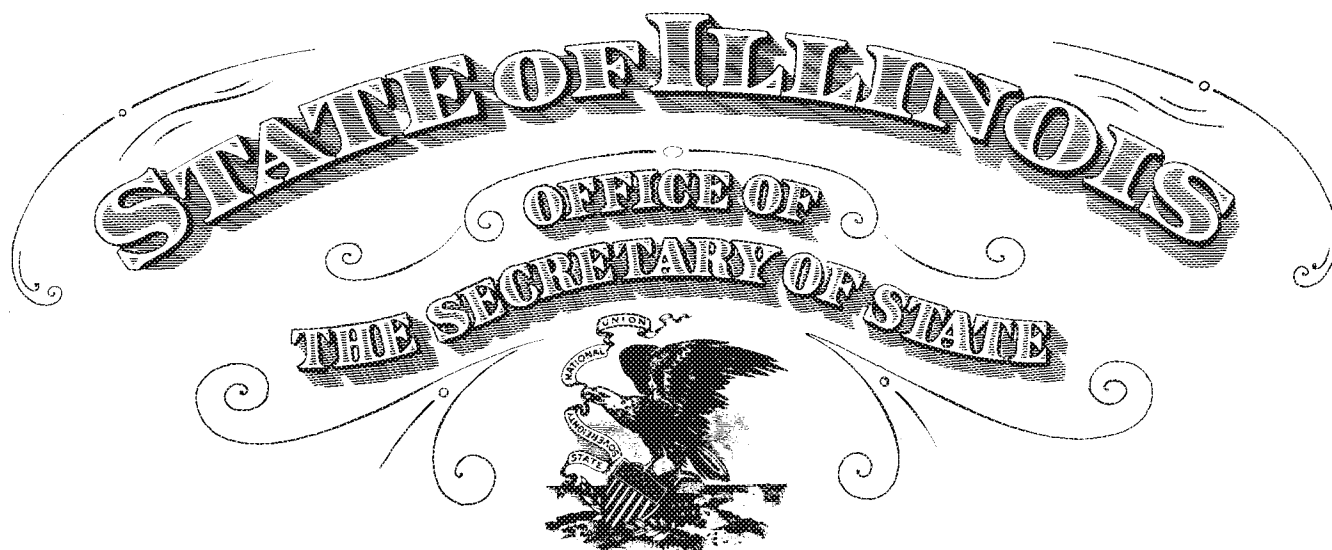
ETAS ID: TM775404

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
KEMPERLESNIK COMMUNICATIONS, INC.		04/18/2022	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	KEMPERLESNIK COMMUNICATIONS, LLC		
Street Address:	500 Skokie Boulevard, Suite 444		
City:	Northbrook		
State/Country:	ILLINOIS		
Postal Code:	60062		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3088966	NAPERVILLE WINE FESTIVAL	
Registration Number:	3102421	WINDY CITY WINE FESTIVAL	
CORRESPONDENCE DATA			
Fax Number:	2125305219		
<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:	2125305878		
Email:	dcip@milbank.com		
Correspondent Name:	John Garces, Esq.		
Address Line 1:	55 Hudson Yards		
Address Line 2:	Milbank, LLP		
Address Line 4:	New York, NEW YORK 10001-2163		
ATTORNEY DOCKET NUMBER:	46454.00002		
NAME OF SUBMITTER:	John Garces		
SIGNATURE:	/John Garces/		
DATE SIGNED:	12/20/2022		
Total Attachments: 4			
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CH \$65.00 3088966

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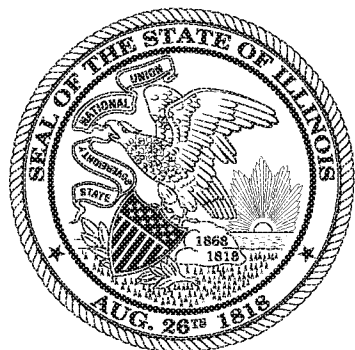
source=KEMPERLESNIK COMMUNICATIONS, LLC 11587852#page4.tif



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 3 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR KEMPERLESNIK COMMUNICATIONS, LLC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of NOVEMBER A.D. 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2232603845 verifiable until 11/22/2023.

Authenticate at: <https://www.ilsos.gov>

**TRADEMARK
REEL: 007925 FRAME: 0589**

EOA 205

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

PAID

APR 19 2022

DEPARTMENT OF BUSINESS SERVICES

FILED

APR 19 2022

JESSE WHITE
SECRETARY OF STATE

11587852



LC0493480

New Entity File Number

Filing Fee: \$100 _____ Approved: *JM*

Submit in duplicate Type or print clearly in black ink Do not write above this line

Converting Entity

Current file number: 51857909

1. Converting Entity Name: KemperLesnik Communications, Inc.
2. Current Entity Type: (select only one)

<input checked="" type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit
		<input type="checkbox"/> LWCA
3. Jurisdiction and Date of Incorporation/Organization: Illinois 9/24/1979
4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

5. Converted Entity Name: KemperLesnik Communications, LLC
6. Converted Entity Type: (select only one)

<input type="checkbox"/> For Profit Corporation	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Not For Profit
		<input type="checkbox"/> LWCA
7. Jurisdiction of Incorporation/Organization: Illinois
8. The Converted Entity: (select only one)

intends to transact business in Illinois will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process: Illinois Corporation Service Company
(P.O. Box alone is not acceptable) 801 Adlai Stevenson Drive, Springfield, IL 62703, Sangamon County
9. Effective Date of Conversion: If a future date is chosen, MUST be within 90 days of filing.

Upon Filing Future Effective Date:

The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.
The formation document and fee for the Converted Entity must be attached.

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated April 18 2022 KemperLesnik Communications, Inc.
 Month & Day Year Exact Name of Converting Entity

[Signature]
 Any Authorized Signer's Signature

Steven K. Skinner, CEO
 Name and Title (type or print)

11587852

Form **LLC-5.5**
February 2020

Illinois
Limited Liability Company Act
Articles of Organization

FI

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

FILED

APR 19 2022

JESSE WHITE
SECRETARY OF STATE

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Filing Fee: \$150

Approved: *JM*



LC0493488

- 1. Limited Liability Company name (see Note 1): KemperLesnik Communications, LLC
- 2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
500 Skokie Blvd., Suite 444, Northbrook, IL 60062

- 3. Articles of Organization effective on: (check one)
 - the filing date
 - a later date (not to exceed 60 days after the filing date): _____
Month, Day, Year

- 4. Registered agent's name and registered office address:

Registered agent:	<u>Illinois Corporation Service Company</u>		
(P.O. Box alone or c/o is unacceptable.)	First Name	Middle Initial	Last Name
Registered office:	<u>801 Adlai Stevenson Drive</u>		
	Number	Street	Suite #
	<u>Springfield</u>	<u>IL</u>	<u>62703</u>
	City		ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

- 5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:

- 6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____
Month/Day Year

PAID

APR 19 2022

LLC-5.5

7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.)

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Kemper Sports Management, Inc., Suite 444, Northbrook, IL 60062-5005 (SOS SKOLE BINO) Suite 444 Northbrook, IL 60062

Name	Number & Street	City	State	ZIP

(If additional space is needed, use standard sized paper.)

10. Name and Address of Organizer(s):

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: April 18, 2022
Month/Day Year

1. [Signature]
Signature

Ann M. Schneider, Organizer
Name and Title (type or print)

Seyfarth Shaw LLP
If organizer is signing for a company or other entity, state name of company or entity.

1. 233 S. Wacker Drive, #8000
Number Street

Chicago
City

Illinois 60606
State ZIP

2. _____
Signature

Name (type or print)

If organizer is signing for a company or other entity, state name of company or entity.

2. _____
Number Street

City

State ZIP

Note 1: The limited liability company name cannot contain any of the following terms or abbreviations including: Corporation, Incorporated, LTD., Co. or Limited Partnership. The name must contain the term **Limited Liability Company, LLC or L.L.C.** For the following two entity types: a company providing professional services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.** The name of a worker cooperative shall end with the term or abbreviation **Limited Worker Cooperative Association, LWCA or L.W.C.A.**

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

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