

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM788300

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Interstate Gas Supply, Inc.		01/01/2023	Corporation:
RECEIVING PARTY DATA			
Name:	Interstate Gas Supply, LLC		
Street Address:	6100 Emerald Parkway		
City:	Dublin		
State/Country:	OHIO		
Postal Code:	43016		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 19			
Property Type	Number	Word Mark	
Serial Number:	97629008	SOURCE. MANAGE. PROTECT.	
Serial Number:	90052338	IGS ENERGY LET'S GO GREEN FOR GOOD	
Serial Number:	88857643	IGS ENERGY	
Serial Number:	88982331	IGS LIGHTING SOLUTIONS	
Serial Number:	87649026	SCANA ENERGY FRIENDSHIP REWARDS	
Serial Number:	87124530	GASWISE GET SMART ABOUT NATURAL GAS	
Serial Number:	87741634	IGS LABS	
Serial Number:	87207983	A GRID INTERACTIVE WATER HEATER PROGRAM	
Serial Number:	87440930	IGS	
Serial Number:	87207984	SYNC	
Serial Number:	87976919	SYNC	
Serial Number:	86537392	SCANA ENERGY	
Serial Number:	86166040	IGS ENERGY	
Serial Number:	86118987	INTRODUCING GREAT SOLUTIONS	
Serial Number:	85920224	SCANA ENERGY COMMERCIAL AND INDUSTRIAL S	
Serial Number:	85686554	FLEXRATE	
Serial Number:	85918945	IGS	
Serial Number:	76042338	IGS	
Serial Number:	88857630		

OP \$490.00 97629008

CORRESPONDENCE DATA**Fax Number:**

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.

Email: regan.donoughe@igs.com**Correspondent Name:** Regan Donoughe**Address Line 1:** 6100 Emerald Parkway**Address Line 4:** Dublin, OHIO 43216

NAME OF SUBMITTER:	Regan Donoughe
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SIGNATURE:	/regan donoughe/
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DATE SIGNED:	02/21/2023
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Total Attachments: 10

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/30/2022	202236303532	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

Receipt

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

TAFT STETTINIUS & HOLLISTER LLP
200 PUBLIC SQUARE
STE 3500
CLEVELAND, OH 44114-2302

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
754636

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
INTERSTATE GAS SUPPLY, 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):

202236303532

Effective Date: 01/01/2023



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
30th day of December, A.D. 2022.

Ohio Secretary of State

Form 700 Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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	INTERSTATE GAS SUPPLY, INC.												
Jurisdiction of Formation	OHIO												
Charter/Registration Number	754636												
<p>The converting entity is a: (Check Only (1) One Box)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Domestic Nonprofit Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input checked="" type="checkbox"/> Domestic For-Profit Corporation</td> <td><input type="checkbox"/> Domestic Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Foreign Nonprofit Corporation</td> <td><input type="checkbox"/> Foreign Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Foreign For-Profit Corporation</td> <td><input type="checkbox"/> Domestic Limited Liability Partnership</td> </tr> <tr> <td><input type="checkbox"/> Domestic Limited Liability Company</td> <td><input type="checkbox"/> Foreign Limited Liability Partnership</td> </tr> <tr> <td><input type="checkbox"/> Foreign Limited Liability Company</td> <td></td> </tr> </table>		<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	
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<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													
<p>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.</p>													

Name of the converted entity

Jurisdiction of Formation

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

Domestic For-Profit Corporation
 Domestic Professional Association
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation
 Foreign For-Profit Corporation
 Domestic Limited Liability Company
 Foreign Limited Liability Company

Partnership
 Domestic Limited Partnership
 Foreign Limited Partnership
 Domestic Limited Liability Partnership
 Foreign Limited Liability Partnership

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

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.

/s/ Amy Gilmore

Signature

By (if applicable)

Amy Gilmore, Chief Financial Officer

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.

Interstate Gas Supply, 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) 12/29/2022</p> <p>* Only required for domestic for-profit corporations</p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</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)</p> <p>* 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.</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  Title Chief Financial Officer

Amy Gilmore
Name

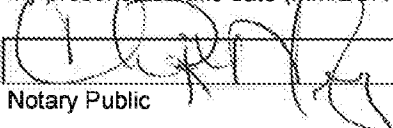
6100 Emerald Pkwy
Mailing Address

Dublin Ohio 43016
City State ZIP Code

Seal



Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/28/2022


Notary Public

Date Commission Expires (MM/DD/YYYY) 11/30/2021

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

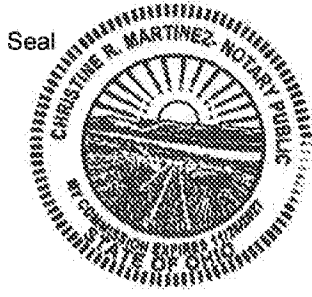
County

County

Signature

Title

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



Notary Public

Date Commission Expires (MM/DD/YYYY)

Form 610 Prescribed by:



Telephone: 877.767.3453

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

Interstate Gas Supply, 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:

Taft Service Solutions Corp.

(Name of Statutory Agent)

425 Walnut St., Suite 1800

(Mailing Address)

Cincinnati

(Mailing City)

Ohio

(Mailing State)

45202

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, Taft Service Solutions Corp., named herein as the
(Name of Statutory Agent)

Statutory agent for Interstate Gas Supply, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature David Tavolier, Assistant Secretary
(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."

/s/ Amy Gilmore

Signature

By (if applicable)

Amy Gilmore, Chief Financial Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name