

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM807992

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Agrium U.S. Inc.		12/15/2022	Corporation: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Nutrien US LLC		
<b>Street Address:</b>	5296 Harvest Lake Drive		
<b>City:</b>	Loveland		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80538		
<b>Entity Type:</b>	Limited Liability Company: COLORADO		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5223675	RAINBOW PLANT FOOD	
<b>Registration Number:</b>	2336211	PHAIRWAY	
<b>Registration Number:</b>	1824006	PHAIRWAY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3172378443		
<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>			
<b>Phone:</b>	317-237-1423		
<b>Email:</b>	trademark@faegredrinker.com		
<b>Correspondent Name:</b>	Stephanie A. Gumm		
<b>Address Line 1:</b>	Faegre Drinker Biddle & Reath LLP		
<b>Address Line 2:</b>	300 N. Meridian Street, Suite 2500		
<b>Address Line 4:</b>	Indianapolis, INDIANA 46204		
<b>ATTORNEY DOCKET NUMBER:</b>	419661.5522		
<b>NAME OF SUBMITTER:</b>	Teresa Dandridge		
<b>SIGNATURE:</b>	/teressa dandridge/		
<b>DATE SIGNED:</b>	05/04/2023		
<b>Total Attachments: 6</b>			
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OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Combined Statement of Conversion

with Document # 20228215721 of  
Nutrien US LLC

Colorado Limited Liability Company

(Entity ID # 19931015242 )

consisting of 5 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/18/2023 that have been posted, and by documents delivered to this office electronically through 04/19/2023 @ 15:23:00.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/19/2023 @ 15:23:00 in accordance with applicable law. This certificate is assigned Confirmation Number 14889586.



A handwritten signature in cursive script that reads "Jena Griswold".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*



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<u>DeMars</u>	<u>Jeff</u>		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>5296 Harvest Lake Drive</u>			
<i>(Street number and name or Post Office Box information)</i>			
<hr/>			
<u>Loveland</u>	<u>CO</u>	<u>80538</u>	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
<u></u>	<u>United States</u>	<u></u>	
<i>(Province – if applicable)</i>	<i>(Country)</i>		

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

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Colorado Secretary of State  
 Date and Time: 12/14/2022 02:41 PM  
 ID Number: 19931015242  
 Document number: 20228215721  
 Amount Paid: \$100.00

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 Paper documents are not accepted.  
 Fees & forms are subject to change.  
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ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

Nutrien US LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited liability company's initial principal office is

Street address

5296 Harvest Lake Drive

*(Street number and name)*

Loveland

*(City)*

CO

*(State)*

80538

*(ZIP/Postal Code)*

United States

*(Country)*

*(Province – if applicable)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province – if applicable)*

*(Country)*

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

*(Last)*

*(First)*

*(Middle)*

*(Suffix)*

or

(if an entity)

C T Corporation System

*(Caution: Do not provide both an individual and an entity name.)*

Street address

7700 East Arapahoe Road

*(Street number and name)*

Suite 220

Centennial

*(City)*

CO

*(State)*

80112

*(ZIP Code)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name  
(if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

or

(if an entity) Nutrien US Corp B Inc.  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 5296 Harvest Lake Drive  
(Street number and name or Post Office Box information)

Loveland CO 80538  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are 12/15/2022 02:01 AM.  
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

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<u>United States</u>			
<i>(Province – if applicable)</i>		<i>(Country)</i>	

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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