

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM837309

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Software Analysis and Forensic Engineering Corporation		08/16/2021	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Software Analysis and Forensic Engineering Corporation		
Also Known As:	AKA SAFE Corporation		
Street Address:	10981 Willow Valley Ct		
City:	Las Vegas		
State/Country:	NEVADA		
Postal Code:	89135		
Entity Type:	Corporation: NEVADA		
PROPERTY NUMBERS Total: 15			
Property Type	Number	Word Mark	
Serial Number:	77499392	SOURCEDETECTIVE	
Registration Number:	3466518	S.A.F.E.	
Serial Number:	85018215	ONLINE IP SCREENING SERVICES	
Serial Number:	97332249	DOCMATCH	
Registration Number:	3292289	CODESUITE	
Serial Number:	88003583	CODESPLIT	
Serial Number:	85191814	CODESCREENER	
Registration Number:	3821397	CODEMEASURE	
Registration Number:	3241923	CODEMATCH	
Registration Number:	3622544	CODEGRID	
Registration Number:	3643269	CODECROSS	
Registration Number:	3890284	CODECLOC	
Registration Number:	3583928	BITMATCH	
Registration Number:	3292288	CODEDIFF	
Registration Number:	4108610	DOCMATE	
CORRESPONDENCE DATA			

OP \$390.00 77499392

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.

Phone: 6507415809
Email: bob@safe-corp.com
Correspondent Name: Robert Zeidman
Address Line 1: 10981 Willow Valley Ct
Address Line 4: Las Vegas, NEVADA 89135

NAME OF SUBMITTER:	Robert Zeidman
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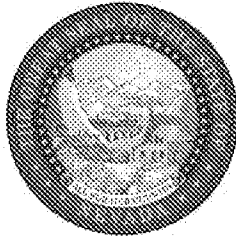
SIGNATURE:	/rz/
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DATE SIGNED:	09/06/2023
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Total Attachments: 13

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STATE OF NEVADA



BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

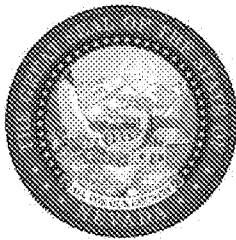
Certified Copy

June 5, 2019

Job Number: C20190605-0338
Reference Number:
Expedite:
Through Date:

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number(s)	Description	Number of Pages
20190243484-97	Merge In	6 Pages/1 Copies



Respectfully,

Handwritten signature of Barbara K. Cegavske in cursive.

Barbara K. Cegavske
Secretary of State

Certified By: Ashley Pion
Certificate Number: C20190605-0338

Commercial Recording Division
202 N. Carson Street
Carson City, Nevada 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

TRADEMARK
REEL: 008189 FRAME: 0183



140103



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20190243484-97
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 06/05/2019 8:00 AM
	Entity Number E0260232019-6

Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 1

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Articles of Merger
(Pursuant to NRS Chapter 92A)

1) Name and jurisdiction of organization of each constituent entity (NRS 92A.200):

If there are more than four merging entities, check box and attach an 8 1/2" x 11" blank sheet containing the required information for each additional entity from article one.

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of merging entity

California

Jurisdiction

Corporation

Entity type *

Name of merging entity

Jurisdiction

Entity type *

Name of merging entity

Jurisdiction

Entity type *

Name of merging entity

Jurisdiction

Entity type *

and,

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of surviving entity

Nevada

Jurisdiction

Corporation

Entity type *

* Corporation, non-profit corporation, limited partnership, limited-liability company or business trust.

Filing Fee: \$350.00

This form must be accompanied by appropriate fees.



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Secretary of State
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Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 2

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2) Forwarding address where copies of process may be sent by the Secretary of State of Nevada (if a foreign entity is the survivor in the merger - NRS 92A.190):

Attn: _____
c/o: _____

3) Choose one:

- The undersigned declares that a plan of merger has been adopted by each constituent entity (NRS 92A.200).
- The undersigned declares that a plan of merger has been adopted by the parent domestic entity (NRS 92A.180).

4) Owner's approval (NRS 92A.200) (options a, b or c must be used, as applicable, for each entity):

- If there are more than four merging entities, check box and attach an 8 1/2" x 11" blank sheet containing the required information for each additional entity from the appropriate section of article four.

(a) Owner's approval was not required from

Name of merging entity, if applicable

Name of merging entity, if applicable

Name of merging entity, if applicable

Name of merging entity, if applicable
and, or,

Name of surviving entity, if applicable

This form must be accompanied by appropriate fees.



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Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 3

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(b) The plan was approved by the required consent of the owners of *:

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of merging entity, if applicable

Name of merging entity, if applicable

Name of merging entity, if applicable

Name of merging entity, if applicable

and, or:

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of surviving entity, if applicable

* Unless otherwise provided in the certificate of trust or governing instrument of a business trust, a merger must be approved by all the trustees and beneficial owners of each business trust that is a constituent entity in the merger.



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Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 4

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(c) Approval of plan of merger for Nevada non-profit corporation (NRS 92A.160):

The plan of merger has been approved by the directors of the corporation and by each public officer or other person whose approval of the plan of merger is required by the articles of incorporation of the domestic corporation.

Name of **merging** entity, if applicable

Name of **merging** entity, if applicable

Name of **merging** entity, if applicable

Name of **merging** entity, if applicable

and, or:

Name of **surviving** entity, if applicable

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Merger Page 4
Revised: 1-5-15

TRADEMARK
REEL: 008189 FRAME: 0187



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
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Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 5

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5) Amendments, if any, to the articles or certificate of the surviving entity. Provide article numbers, if available. (NRS 92A.200)*:

[Empty dotted box for amendments]

6) Location of Plan of Merger (check a or b):

(a) The entire plan of merger is attached;

or,

(b) The entire plan of merger is on file at the registered office of the surviving corporation, limited-liability company or business trust, or at the records office address if a limited partnership, or other place of business of the surviving entity (NRS 92A.200).

7) Effective date and time of filing: (optional) (must not be later than 90 days after the certificate is filed)

Date: []

Time: []

* Amended and restated articles may be attached as an exhibit or integrated into the articles of merger. Please entitle them "Restated" or "Amended and Restated," accordingly. The form to accompany restated articles prescribed by the secretary of state must accompany the amended and/or restated articles. Pursuant to NRS 92A.180 (merger of subsidiary into parent - Nevada parent owning 90% or more of subsidiary), the articles of merger may not contain amendments to the constituent documents of the surviving entity except that the name of the surviving entity may be changed.



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Articles of Merger
(PURSUANT TO NRS 92A.200)
Page 6

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8) Signatures - Must be signed by: An officer of each Nevada corporation; All general partners of each Nevada limited partnership; All general partners of each Nevada limited-liability limited partnership; A manager of each Nevada limited-liability company with managers or one member if there are no managers; A trustee of each Nevada business trust (NRS 92A.230)*

If there are more than four merging entities, check box and attach an 8 1/2" x 11" blank sheet containing the required information for each additional entity from article eight.

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of merging entity

X Digitally signed by
Robert Eidlman

Signature

President

Title

6/5/2019

Date

Name of merging entity

X

Signature

Title

Date

Name of merging entity

X

Signature

Title

Date

Name of merging entity

X

Signature

Title

Date

and,

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION

Name of surviving entity

X Digitally signed by
Robert Eidlman

Signature

President

Title

6/5/2019

Date

* The articles of merger must be signed by each foreign constituent entity in the manner provided by the law governing it (NRS 92A.230). Additional signature blocks may be added to this page or as an attachment, as needed.

IMPORTANT: Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Merger Page 6
Revised: 1-5-15

TRADEMARK
REEL: 008189 FRAME: 0189

NEVADA DEPARTMENT OF TAXATION
TAXPAYER INFORMATION UPDATE FORM

SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION
 10981 WILLOW VALLEY CT
 LAS VEGAS, NV 89135-1711

Taxpayer ID: 1041312261
 Correspondence ID: 2000013360743

The following reflects the information on record with the Department of Taxation as of 04/16/2020. Currently, the Department shows that you are registered for Commerce Tax and Modified Business Tax. Please review the information and identify any revisions required. It is your responsibility to advise the Department of any changes to your account information.

	Records as they currently appear with the Department of Taxation	Revised Information	Effective Date of Revision
Primary Information			
*For Sales Tax: Changing the Primary Name of an existing location requires a \$15 fee.			
Primary Business Name	SOFTWARE ANALYSIS AND FORENSIC ENGINEERING CORPORATION	10981 WILLOW VALLEY CT	
Primary Business Address	8050 PALM COVE CT LAS VEGAS, NV 89129-1840	10981 WILLOW VALLEY CT LAS VEGAS, NV 89135-1711	2/11/2020
Federal Tax ID	26-1086380	Changes to the Federal Tax Identification Number and/or organization type require a new registration with the Department. Please submit a new Nevada Business Registration to open a new reporting number. Additionally, if you are dropping partners, contact the Department directly for additional paperwork.	
Business Organization Type	CORPORATION		
Nevada Business ID	NV20191419263		
NAICS Code(s)	511210 - Software Publishers; 541511 - Custom Computer Programming Services		
Contact Name Phone Number		ROBERT ZELDMAN (650) 741-5809	6/5/2019
Email Address		bob@SAFE-corp.com	6/5/2019
Primary Account(s)			
Commerce Tax	103316873		
Start Date	06/05/2019		
Account Status	Active		

Mailing Address	10981 WILLOW VALLEY CT LAS VEGAS, NV 89135-1711		
Mailing Contact Name	ROBERT ZEIDMAN		
Phone Number	(650) 741-5809		
Audit Address	10981 WILLOW VALLEY CT LAS VEGAS, NV 89135-1711		
Audit Contact Name	ROBERT ZEIDMAN		
Phone Number	(650) 741-5809		
Modified Business Tax	103316110		
Start Date	04/01/2019		
Account Status			
UI Number	040046461	Changes to UI numbers, organization types, or closing your UI account should be directed to the Employment Security Division (ESD) at 775-634-6310.	
Mailing Address	10981 WILLOW VALLEY CT LAS VEGAS, NV 89135-1711		
Mailing Contact Name	ROBERT ZEIDMAN		
Phone Number	(650) 741-5809		
Audit Address	10981 WILLOW VALLEY CT LAS VEGAS, NV 89135-1711		
Audit Contact Name	ROBERT ZEIDMAN		
Phone Number	(650) 741-5809		

Owner Information:

I have sold my business; please close my TID in entirety.

Effective Date of Sale: _____

Sold to (name of new owners): _____

Please note that the new owner(s) are responsible for submitting a Nevada Business Registration to open their account.

If the business has not been sold, please update all owner's information or provide the name(s) of all additional business owners that the Department does not have on file. Attach additional pages if necessary.

* Note: If you are removing an owner or officer, proof of owner/officer's termination of affiliation must be attached. Proof may include minutes, contract of sale of interest in business, etc.

ZEIDMAN ROBERT M	<input type="checkbox"/> Remove Effective Date: _____
	Print Full Name
SSN: XXX-XX-3277	SSN
8050 PALM COVE CT LAS VEGAS, NV 89129-1840	Print Owner's Address 10981 Willow Valley Ct LAS VEGAS, NV 89155-1711
PRESIDENT	Print Owner's Title
100	Print Percent Owned
(408) 741-5809	Print Phone Number (650) 741-5809
06/23/2019	Print Effective Date 6/5/2019

Please fill in the area below for owner(s) that are new and/or not listed above

Name
SSN
Address
Title
Percent Owned
Phone Number
Effective Start Date
Name
SSN
Address
Title
Percent Owned
Phone Number
Effective Start Date
Name
SSN
Address
Title
Percent Owned
Phone Number
Effective Start Date

Thank you for reviewing this information and providing updates. Please return this signed notice with the required fee(s), if applicable, to update your Sales/Use Tax permits to:

NEVADA DEPARTMENT OF TAXATION
1550 College Parkway, Suite 115
Carson City, NV 89706
Call Center: (866) 962-3707

I hereby certify that this information including any accompanying attachments and statements has been examined by me and to the best of my knowledge and belief is true, correct and complete.

[Handwritten Signature]

Signature of authorized Owner or Agent

ROBERT ZEIDMAN

Printed name of authorized Owner or Agent

PRESIDENT

Title

(650) 741-5809

Phone Number

4/26/2020

Date

FOR DEPARTMENT USE ONLY

Amount: \$ _____	Postmark Date: _____
Check #: _____	Received By: _____
Auditor: _____ <small>Part of Audit Package</small>	Requested By: _____
TAS Updated By: _____	Date Updated: _____
TAS Updated By: _____	Date Updated: _____



Office of the Clark County Clerk
Lynn Marie Goya

Please Select One:

- New Application
- Renewal of existing Fictitious Firm Name

Certificate of Business: Fictitious Firm Name

Please Print or Type

The expiration date for such certificates shall expire after five years from the date of filing.

The undersigned do/does hereby certify that they are conducting business in Clark County, Nevada, under the

Fictitious Firm Name: SAFE Corporation

Mailing Address: 10981 Willow Valley Ct, Las Vegas, NV 89135

(Mailing Address for notification of renewal) Mailing Address City, State, Zip

Owner (Sole Proprietor or Registered Legal Entity): Software Analysis and Forensic Engineering Corporation

(Must print name exactly as it is registered with the Nevada Secretary of State)

and that said firm is composed of the following person(s) whose name(s) and address(es) are as follows:

Signed By: Robert Marc Zeidman

Full Name of Authorized Signer

[Signature]
Signature

11/19/2020
Date

10981 Willow Valley Ct, Las Vegas, NV 89135

Street Address of Business or Residence

City, State, Zip

Signed By:

(Use if needed) Full Name of Authorized Signer

Signature

Date

Street Address of Business or Residence

City, State, Zip

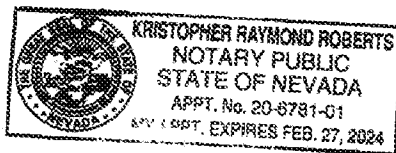
By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.

For additional signatures, please use additional pages

STATE OF NEVADA }
COUNTY OF CLARK } SS:

This instrument was acknowledged before me on 11.19.2020 (Date)

by ROBERT ZEIDMAN (Name of individual(s) whose signature(s) is/are being notarized)



[Signature]
Signature of Notary Public/Deputy Clerk

07 RECEIVED
NOV 25 2020
COUNTY CLERK

1392418