

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM847912

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
STAR Autism Support, Inc.		09/14/2023	Corporation: OREGON
RECEIVING PARTY DATA			
Name:	STAR Autism Support LLC		
Street Address:	6663 SW Beaverton-Hillsdale Hwy #119		
City:	Beaverton		
State/Country:	OREGON		
Postal Code:	97225		
Entity Type:	Limited Liability Company: OREGON		
PROPERTY NUMBERS Total: 15			
Property Type	Number	Word Mark	
Registration Number:	4235034	LINKS	
Registration Number:	4314916	LINKS	
Registration Number:	4090174	STAR	
Registration Number:	4141409	STAR	
Registration Number:	5013682	STAR AUTISM SUPPORT	
Registration Number:	3488207	STAR AUTISM SUPPORT	
Serial Number:	97937601	STAR AT HOME	
Serial Number:	97938576	SOLS	
Serial Number:	97938570	SOLER	
Serial Number:	98159878	E-SCHEDULER ELECTRONIC SCHEDULING SYSTEM	
Serial Number:	98159949	ROUTINE ESSENTIALS VISUAL SUPPORTS	
Serial Number:	98159995	THEMES FIRST! COMPREHENSIVE THEMATIC UNI	
Serial Number:	98162002	SOLER	
Serial Number:	98162255	LINKS CURRICULUM	
Serial Number:	98162269	SOLS	
CORRESPONDENCE DATA			
Fax Number:			
<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>			

CH \$390.00 4235034

Phone: 5097771600
Email: dan.wadkins@foster.com
Correspondent Name: Daniel M. Wadkins, Foster Garvey PC
Address Line 1: 618 W. Riverside Avenue, Suite 300
Address Line 4: Spokane, WASHINGTON 99201

ATTORNEY DOCKET NUMBER: 510991-68000

NAME OF SUBMITTER: Daniel M. Wadkins

SIGNATURE: /Daniel M. Wadkins/

DATE SIGNED: 10/23/2023

Total Attachments: 2

source=STAR Autism Articles of Conversion SOS - Corporation - Business Entity Filing Records - 31896996#page1.tif

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Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: SEP 14, 2023
OREGON SECRETARY OF STATE



31896996-25286481

REGISTRY NUMBER: 318969-96

STAR AUTISM SUPPORT, INC.

CNV

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. Name of Business Entity Prior to Conversion: STAR Autism Support, Inc.
- 2. Type of Business Entity Prior to Conversion: Domestic Private Corporation
- 3. Name of Business Entity After Conversion: STAR Autism Support LLC
- 4. Type of Business Entity After Conversion: Domestic Limited Liability Company

5. Will the converted entity have continued existence in Oregon? Yes No

6. If no, where will the jurisdiction be? _____

7. Select one of the following:

- A copy of the plan of conversion is attached.
- Address where the plan of conversion is on file.

Address 9905 SW Arctic Dr

City Beaverton State OR Zip Code 97005

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. Provide additional information required for new entity type. (Required)

See attached.

9. Oregon Corporation and Limited Liability Company Requirement:

- Oregon Corporations and Limited Liability Companies must include the Principal Place of Business and Individual with Direct Knowledge. Include it in your document or attach an information change form.

10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature: _____ DocuSigned by:

Joel Arick

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Printed Name:

Joel R. Arick

Title:

President

CONTACT NAME: (To resolve questions with this filing)

Justin C. Jones or Shari Lane

PHONE NUMBER: (Include area code)

(360) 378-4450

FEES	
Domestic Required Processing Fee	\$100
Foreign Required Processing Fee	\$275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".	
Free copies are available at sos.oregon.gov/business using the Business Name Search program.	

**ATTACHMENT TO ARTICLES OF CONVERSION
OF
STAR AUTISM SUPPORT LLC**

ITEM 11: MAILING ADDRESS

6663 SW Beaverton-Hillsdale Hwy #119
Portland, OR 97225

ITEM 12: PRINCIPAL PLACE OF BUSINESS

9905 SW Arctic Dr
Beaverton, OR 97005

ITEM 13: REGISTERED AGENT

Joel R. Arick
9905 SW Arctic Dr
Beaverton, OR 97005

ITEM 14: DURATION

Duration shall be perpetual

ITEM 15: MANAGEMENT

This LLC will be manager-managed by one or more managers.

ITEM 16: INDEMNIFICATION

The company elects to indemnify its members, managers, employees and agents for liability and related expenses under ORS 63.160 – 63.170.

ITEM 17: MEMBER

SMA Development LLC
6291 SW Bancroft St
Portland, OR 97221

ITEM 18: INDIVIDUAL WITH DIRECT KNOWLEDGE

Joel R. Arick
9905 SW Arctic Dr
Beaverton, OR 97005