

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM855099

| | | | |
|---|--|-----------------------|--------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Watson Inc. | | 02/27/2019 | Corporation: CONNECTICUT |
| RECEIVING PARTY DATA | | | |
| Name: | Watson LLC | | |
| Street Address: | 3500 Lacey Rd., Suite 1200 | | |
| City: | Downers Grove | | |
| State/Country: | ILLINOIS | | |
| Postal Code: | 60515 | | |
| Entity Type: | Limited Liability Company: CONNECTICUT | | |
| PROPERTY NUMBERS Total: 14 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 98210804 | BETA BAGEL | |
| Serial Number: | 97825219 | SOL-U-PAK | |
| Registration Number: | 5297264 | BETA BAGEL | |
| Registration Number: | 1703570 | OVENSRING | |
| Registration Number: | 1110157 | DO-CON | |
| Registration Number: | 3927553 | SOL-U-PAK | |
| Registration Number: | 0688604 | SOL-U-PAK | |
| Registration Number: | 4162120 | GLUTENONE | |
| Registration Number: | 4295051 | CLEAR-E | |
| Registration Number: | 4850821 | NUTRI-KNOWLEDGE | |
| Registration Number: | 5246602 | NUTRAWHEAT | |
| Registration Number: | 2043185 | BREAKFAST IN BREAD | |
| Registration Number: | 2194500 | ULTRA SHORT | |
| Registration Number: | 1963820 | STAY SOFT | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 3038630223 | | |
| <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: | 3038639700 | | |

OP \$365.00 98210804

Email: phirschman@sheridanross.com
Correspondent Name: Pamela N. Hirschman
Address Line 1: Sheridan Ross P.C.
Address Line 2: 1560 Broadway, Suite 1200
Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER: 2819GN-11

NAME OF SUBMITTER: Susan K. Miller

SIGNATURE: /susan miller/

DATE SIGNED: 11/21/2023

Total Attachments: 5

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**CERTIFICATE OF CONVERSION
OF
WATSON INC.
FROM A CONNECTICUT CORPORATION TO
A CONNECTICUT LIMITED LIABILITY COMPANY**

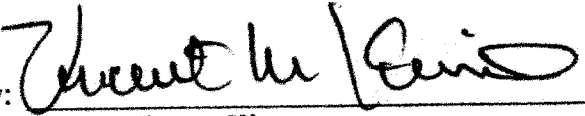
The undersigned, for the purpose of converting Watson Inc., a Connecticut corporation (the "Corporation"), to a Connecticut limited liability company pursuant to Chapter 616 of the Connecticut General Statutes, hereby certifies as follows:

1. The Corporation was incorporated in Connecticut as Watson Inc. on May 8, 2015.
2. The name of the Corporation immediately prior to the filing of this Certificate of Conversion is Watson Inc.
3. The jurisdiction of the Corporation immediately prior to the filing of this Certificate of Conversion is Connecticut.
4. The Corporation will be converted into a limited liability company upon the effective date of this Certificate of Conversion.
5. The name of the limited liability company upon the effective date of this Certificate of Conversion is Watson LLC.
6. The jurisdiction of the Limited Liability Company upon the effective date of this Certificate of Conversion is Connecticut.
7. This Certificate of Conversion shall become effective upon filing.
8. The Plan of Conversion was approved in accordance with Part 4 of Chapter 616 of the Connecticut General Statutes.
9. The Certificate of Organization of Watson LLC is attached hereto as Exhibit A.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned, being duly authorized to sign on behalf of the converting Corporation, has executed this Certificate of Conversion on this 27th day of February, 2019.

WATSON INC.

By: 

Name: Vincent Kiernan

Title: Secretary

[Signature Page to Certificate of Conversion of Watson Inc.]

EXHIBIT A

CERTIFICATE OF ORGANIZATION

(See attached)



SECRETARY OF THE STATE OF

MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SE

DELIVERY ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 200 WEST STREET, 06103

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY – DOMESTIC**

FILING FEE: \$120

MAKE CHECKS PAYABLE TO
"SECRETARY OF THE STATE"

C.G.S. §34-247

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):

NAME: Locke Lord LLP

MAILING ADDRESS: 2800 Financial Plaza, 28th Floor

CITY: Providence

STATE: RI

ZIP: 02903

1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC., LLC)

Watson LLC

2. PRINCIPAL OFFICE ADDRESS - REQUIRED (NO P.O. BOX) - PROVIDE FULL ADDRESS

STREET: 301 Heffernan Drive

CITY: West Haven

STATE: CT

ZIP: 06516

3. MAILING ADDRESS - REQUIRED PROVIDE FULL ADDRESS. - P.O. BOX IS ACCEPTABLE

STREET OR P.O. BOX 301 Heffernan Drive

CITY: West Haven

STATE: CT

ZIP: 06516

4. APPOINTMENT OF REGISTERED AGENT - REQUIRED (COMPLETE A OR B NOT BOTH)

A. IF AGENT IS AN INDIVIDUAL:

Vincent M. Kiernan

PRINT OR TYPE NAME

SIGNATURE ACCEPTING APPOINTMENT:

BUSINESS ADDRESS - REQUIRED

(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST CHECK "NONE"

CHECK IF NONE

STREET: Kiernan Herner LLP, 105 Danbury Rd, Suite 203

CITY: Ridgefield

STATE: CT

ZIP: 06877

CONNECTICUT RESIDENCE ADDRESS - REQUIRED

(P.O. BOX NOT ACCEPTABLE)

STREET: 90 Pumping Station Road

CITY: Ridgefield

STATE: CT

ZIP: 06877

CONNECTICUT MAILING ADDRESS - REQUIRED: (P.O. BOX ACCEPTABLE)

STREET OR P.O. BOX: | Kiernan Herner LLP, 105 Danbury Rd, Suite 203

CITY: Ridgefield

STATE: CT

ZIP: 06877

Note: DO NOT COMPLETE 4B IF AGENT APPOINTED IN 4A.

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS

X
SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT

PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF AGENT

CONNECTICUT BUSINESS ADDRESS - REQUIRED
(P.O. BOX UNACCEPTABLE)

CONNECTICUT MAILING ADDRESS - REQUIRED
(P.O. BOX ACCEPTABLE)

STREET:

STREET OR P.O. BOX

CITY:

CITY:

STATE:

ZIP:

STATE:

ZIP:

5. MANAGER OR MEMBER INFORMATION - REQUIRED
(MUST LIST AT LEAST ONE MEMBER OR MANAGER OF THE LLC) (ATTACH 8 1/2 X 11 SHEETS IF NECESSARY)

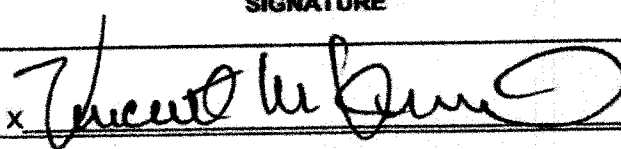
| FULL NAME | TITLE | BUSINESS ADDRESS (NO P.O. BOX) | RESIDENCE ADDRESS (NO P.O. BOX) |
|----------------------|--|---|---|
| Watson Holdings, LLC | <input checked="" type="checkbox"/> MEMBER | <input type="checkbox"/> CHECK IF NONE 301 Heffernan Drive, West Haven, CT 06516 | 301 Heffernan Drive, West Haven, CT 06516 |
| | <input type="checkbox"/> MANAGER | | |
| | <input type="checkbox"/> MEMBER | <input type="checkbox"/> CHECK IF NONE | |
| | <input type="checkbox"/> MANAGER | | |

6. ENTITY EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE") DO NOT LEAVE BLANK

vkiernan@kiernanherner.com

7. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATE (MM/DD/YYYY) 02/27/2019

| NAME OF ORGANIZER (PRINT/TYPE) (THE LLC CANNOT BE ITS OWN ORGANIZER) | SIGNATURE |
|--|--|
| Vincent Kiernan |  |

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE FOLLOWING YEAR THAT THE ENTITY WAS FORMED/REGISTERED BETWEEN JANUARY 1ST AND MARCH 31ST AND CAN BE EASILY FILED ONLINE @ WWW.CONCORD-SOTS.CT.GOV.

CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX. TAX PAYER SERVICE CENTER: (860) 297-5962 OR @ WWW.CT.GOV/DRS.

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SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE