### Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/17/2002

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Way Over the Line, LLC		112/17/2002 I	Limited Liability Company: OHIO

#### **RECEIVING PARTY DATA**

Name:	PocketScript, LLC
Street Address:	255 E. Fifth Street
Internal Address:	Suite 2400
City:	Cincinnati
State/Country:	ОНЮ
Postal Code:	45202
Entity Type:	Limited Liability Company: OHIO

#### PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	78023018	ESCRIPTCONNECT
Registration Number:	2472366	POCKETSCRIPT

#### **CORRESPONDENCE DATA**

900022746

Fax Number: (214)999-3623

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 2149994682

ip@gardere.com, lhemphill@gardere.com Email: Gardere Wynne Sewell LLP/Lisa Hemphill Correspondent Name:

Address Line 1: 1601 Elm Street

Address Line 2: 3000 Thanksgiving Tower Dallas, TEXAS 75201-4761 Address Line 4:

NAME OF SUBMITTER: Lisa R. Hemphill

TRADEMARK

REEL: 003063 FRAME: 0097

Signature:	/Lisa R. Hemphill/
Date:	04/08/2005
Total Attachments: 9 source=PocketScript#page1.tif source=PocketScript#page2.tif source=PocketScript#page3.tif source=PocketScript#page4.tif source=PocketScript#page5.tif source=PocketScript#page6.tif source=PocketScript#page7.tif source=PocketScript#page8.tif source=PocketScript#page9.tif	

TRADEMARK REEL: 003063 FRAME: 0098

DATE: 12/17/2002 DOCUMENT ID 200235101182

DESCRIPTION MERGER/DOMESTIC (MER)

FILING

EXPED

PENALTY

CERT

COPY

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

KATZ TELLER BRANT & HILD LPA 255 E. 5TH ST.,STE 2400 CINCINNATI, OH 45202

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1313093

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

POCKETSCRIPT, LLC

and, that said business records show the filing and recording of:

Document(s)

MERGER/DOMESTIC

Document No(s):

200235101182



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 17th day of December, A.D. 2002.

1) 100000

Ohio Secretary of State

DATE: 12/17/2002

DOCUMENT ID DESCRIPTION 200235101182 DESCRIPTION MERGED OUT OF EXISTENCE (MEX)

**FILING** 

**EXPED** 

PENALTY

CERT

COPY

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

KATZ TELLER BRANT & HILD LPA 255 E. 5TH ST.,STE 2400 CINCINNATI, OH 45202

## STATE OF OHIO

#### Ohio Secretary of State, J. Kenneth Blackwell

1067683

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WAY OVER THE LINE, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

MERGED OUT OF EXISTENCE

200235101182



State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of December,

A.D. 2002.

Ohio Secretary of State

Quett Backmell



Prescribed by J. Kenneth Blackwell
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite	this Form: (select One)
● Yes	PO Box 1390 Columbus, OH 43216
*** Requ	ires an additional fee of \$100 🚥
O No	PO Box 1329
UNO	Columbus OH 42246

www.state.oh.us/sos e-mail: busserv@sos.state.oh.us

CERTIFICATE OF MERGER	CLIEN	દુરૂ
(For Domestic or Foreign, Profit or Non-Profit)	F1	23
Filing Fee \$125.00	f:	2002 DEC
In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings bilmited liability companies, limited partnerships and/or partnerships with limited liability, desiring to set forth the following facts:	effect a merge	and todin,
I. SURVIVING ENTITY	S	<u> </u>
A. The name of the entity surviving the merger is:	CENTER	): 53
PocketScript, LLC		
B. Name Change: As a result of this merger, the name of the surviving entity has been chan	ged to the follo	wing:
(Complete only if name of surviving entity is changing through the merger)		
C. The surviving entity is a: (Please check the appropriate box and fill in the appropria	te blanks)	
Domestic (Ohio) For-Profit Corporation, charter number		. ;
☐ Domestic (Ohio) Non-Profit Corporation, charter number		- <i>'</i>
☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and licensed to transact business in the State of Ohio under license number		,
☐ Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio,		
☑ Domestic (Ohio) Umited Liability Company, with registration number 1313093		
☐ Foreign (Non-Ohio) Limited Liability Company organized under the lews of the state/country of and registered to do business in the State of Ohio under registration number		<del></del>
☐ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the State of Ohio.	-	
☐ Domestic (Ohio) Limited Partnership, with registration number		
☐ Foreign (Non-Ohlo) Limited Partnership organized under the laws of the state/country of and registered to do business in the state of Ohlo under registration number		

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Page 1 of 7

Last Revision: May 2002

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☐ Foreign (Non-Ohio) Limited Partnership organize and NOT registered to do business in the state of		
☐ Domestic (Ohio) Partnership having limited		
		5 th
☐ Foreign (Non-Ohio) Partnership having limit		
and registered to d	to business in the state of Ohio under	Le Charle and Lindings
Foreign (Non-Ohio) Partnership having limited lia	bility organized under the laws of the state and NOT registered to do business in t	
Foreign (Non-Ohio) Non-Profit incorporation under and ficensed to transact business in the state of		
☐ Foreign (Non-Ohio) Non-Profit incorporation under and not licensed to transact business in the state		
General partnership not registered with the	state of Ohio	
The name, charter/ticense/registration number, type respectively, of which is the entities merging out of all merging entities, please attach a separate sheet list	existence are as follows: (If this is insuf ting the merging entities)	n or organization, Miclent space to reflect
Name / charter, ficense or registration number	State/Country of Organization	Type of Entity
Way Over the Line, LLC / #1067683	Ohio	пс
The name and mailing address of the person or enti	ty from whom/which eligible persons m	nay obtain a copy of the
The name and mailing address of the person or enti- agreement of merger upon written request:		nay obtain a copy of the
The name and mailing address of the person or enti	ty from whom/which eligible persons m  255 E. Fifth Street, Suite 2400 (street) NOTE: P.O. Box Address	
The name and mailing address of the person or enti- agreement of merger upon written request: Katz, Teller, Brant & Hild (name)	255 E. Fifth Street, Suite 2400	
The name and mailing address of the person or enti- agreement of merger upon written request: Katz, Teller, Brant & Hild	255 E. Fifth Street, Suite 2400 (street) NOTE: P.O. Box Address	res are NOT acceptable.
agreement of merger upon written request:  Katz, Teller, Brant & Hild (name)  Cincinnati	255 E. Fifth Street, Suite 2400 (street) NOTE: P.O. Box Address Ohio 45202 (state) (2bp of the date is specified, the date muter cannot be earlier than the date of fill	see are NOT ecceptable.  code)  st be a date on or
The name and mailing address of the person or enti- agreement of merger upon written request:  Katz, Teller, Brant & Hild (name)  Cincinnati (city, vitage or township)  EFFECTIVE DATE OF MERGER This merger is to be effective on: after the date of filing; the effective date of the merger	255 E. Fifth Street, Suite 2400  (street) NOTE: P.O. Box Address  Ohio 45202  (state) (2p of the date is specified, the date must be earlier than the date of fill of the merger).	st be a date on or ling, if no date is erger.
The name and mailing address of the person or enti- agreement of merger upon written request:  Katz, Teller, Brant & Hild (name)  Cincinnati (city, vitiage or township)  EFFECTIVE DATE OF MERGER This merger is to be effective on: after the date of filling; the effective date of the merg- specified, the date of filling will be the effective date.  MERGER AUTHORIZED The taws of the state or country under which each of This merger was adopted, approved and authorized of the state under which it is organized, and the personal representation of the state under which it is organized, and the personal representation of the state under which it is organized, and the personal representation of the state under which it is organized, and the personal representation of the state under which it is organized, and the personal representation of the state under which it is organized, and the personal representation of the state under which it is organized.	255 E. Fifth Street, Suite 2400  (street) NOTE: P.O. Box Address  Ohio 45202  (state) (2p of the date is specified, the date must be earlier than the date of fill of the merger).	st be a date on or ling, if no date is erger.

III. ACCEPTANCE OF AGENT The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.  Signature of Agent  The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has anged, or the named agent differs in any way from the name currently on record with the Secretary of State.)  III. STATEMENT OF MERGER Upon filling, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity  X. AMENDMENTS The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.  No Changes	Corporate Statutory Services, Inc.		Street, Suite 2400
This farm MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise uthorized to conduct business in the state of Ohio)  //II. ACCEPTANCE OF AGENT The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.  Signature of Agent  The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has hanged, or the named agent differs in any way from the name currently on record with the Secretary of State.)  III. STATEMENT OF MERGER Upon filling, or upon such later date as specified herein, the merging entitylentities listed herein shall merge into the listed surviving entity.  IX. AMENDMENTS  The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domastic entity have been amended.  Attachments are provided  Occhanges  X. QUALIFICATION OR LICCENSURE OF FOREIGN SURVIVING ENTITY  A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having initiated liability, and harely appoints the foliability domina site statutory agent on the statutory agent lists above so along as the authority of the source of process on the statutory agent lists above as long as the authority of the segent camend bank, savings and loan, limited liability company, limited liability company, limited partnership, or partnership having initiated liability, and harely appoints the foliability and entering the organization of the statutory agent lists above as long as the authority of the segent common and to service of process on the statutory agent listed above as long as the authority of the agent camend to the segent value of process on the statutory agent listed above as long as the authority of the segent c	(name)	(street) NOTI	E: P.O. Box Addresses are NOT acceptable.
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Signature of Agent    Signature of Agent			
Signature of Agent  The ecceptance of agent must be completed by the surviving entities if through this merger the statutory agent has langed, or the named agent differs in any way from the name currently on record with the Secretary of State.)  III. STATEMENT OF MERGER  Upon filling, or upon such later date as specified herein, the merging entity/entitles listed herein shall merge into the listed surviving entity  X. AMENDMENTS  The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.  Attachments are provided  No Changes  X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY  A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent list:  (rame)  (direct)  MOTE: P.O. Box Addresses are MOT acceptable.  (circet)  MOTE: P.O. Box Addresses are MOT acceptable.  (circet)  MOTE: p.O. Box Addresses are MOT acceptable.  (direct) or partnership, or partnership having limited liability company, limited partnership, or partnership having limited liability company, limited partnership, or partnership having limited liability company, limited partnership, or partnership having limited liability fello to designate another agent when required to do so, or if the foreign corporations, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fello to designate another agent when required to do so, or if the foreign corporations, bank as avings bank as avings and loan, limited liability company, limited partnership or partnership having limited liability or partnership having limit			
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having limited liability (circle appropriate term) of the surviving domestic entity have been amended.  Attachments are provided  No Changes  No Chang		intration, certificate of lin	nited partnership or registration of partnership
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X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY  A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability company, limited partnership and partnership having limited liability and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:  (name)  (street)  (s			
A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership naving limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent le:  (name)  (street) NOTE: P.O. Box Addresses are NOT acceptable.  (reme)  (city, village or township)  The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Sacretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.	•		
partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:  (name)  (etreet) NOTE: P.O. Box Addresses are NOT acceptable.  (city, village or township)  (by village or township)  (city, village or township), or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability falls to designate another agent when required to do so, or if the foreign corporation's, bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.			
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	st be completed.)			
(a.)	) The name of the Foreign National association is	ly/Federally chartered bank,	savings bank, or sav	ings and loan
(b.)	The name(s) of any Trade Name(s	s) under which the corporation	on will conduct busine	ess:
				••
(c.)	The location of the main office (no	n-Ohio) shall be:		
	(street address)	NOTE: P.O. I	lox Addresses are NOT	ecceptable.
	(city, township, or village)	(county)	(state)	(zip code)
(đ.)	) The principal office location in the	state of Ohio shall be:		
	(aserba address)	NOTE: P.O. E	lox Addresses are NOT o	occeptable.
	(city, township, or village) (Please note, if there will not be	(county) an office in the state of Oh	Ohio (state) alo, please list none	(2p code)
( <b>e</b> .)		an office in the state of Oh ollowing purpose(s) in the sta	(state)  alo, please list none ate of Ohio:	.)
( <b>a</b> .)	(Please note, if there will not be	an office in the state of Oh ollowing purpose(s) in the sta	(state)  alo, please list none ate of Ohio:	.)
Fore	(Please note, if there will not be	an office in the state of Oh ollowing purpose(s) in the sta of the business to be conduct the business to be conduct	(state) alo, please list none ate of Chio: ad; a general clause	) is not sufficient)
Fore	(Please note, if there will not be ) The corporation will exercise the form (Please provide a brief summary of	an office in the state of Ohollowing purpose(s) in the state of the business to be conducted the business to be conducted.  Company and liability company, the folio	(state)  alo, please list none ate of Ohio: ed; a general clause	) is not sufficient)
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	space to cover this item, please attach a	separate sheet listing the general pr	artners and their respective	e addresses)	
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(etreet address)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, village or township)  (city, township, or village)  (city, village or township)	Please complete the following appropriate section (either item b(i) or b(2)):  (1.) The address of the partnership's principal office in Ohio is:  (street address)    MOTE: P.O. Box Addresses are NOT acceptable.	Please complete the following appropriate section (either item b(l) or b(2)):  (1.) The address of the partnership's principal office in Ohio is:  (street address)    NOTE: P.O. Box Addresses are NOT acceptable.	Please complete the following appropriate section (either item b(i) or b(2)):  (1.) The address of the partnership's principal office in Ohio is:  (street address)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, village or township)  (2.) The address of the partnership's principal office in Ohio, then Items b2 must be completed)  (2.) The address of the partnership's principal office (Non-Ohio):  (street address)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, township, or village)  (city, township, or village)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, village or township)  (street address)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, village or township)  (city, village or township)  (city, village or township)  Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed		
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Page 6 of 7

Last Revision: May 2002

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Steve Burns ts: Manager	Steve Burns
	Its: Manager
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**RECORDED: 04/08/2005** 

Last Revision: May 2002