

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
Ameriwater, Inc.		12/31/2011	CORPORATION: OHIO

<b>RECEIVING PARTY DATA</b>	
Name:	Ameriwater, LLC
Street Address:	1303 Stanley Avenue
City:	Dayton
State/Country:	OHIO
Postal Code:	45404
Entity Type:	LIMITED LIABILITY COMPANY: OHIO

<b>PROPERTY NUMBERS Total: 3</b>		
Property Type	Number	Word Mark
Registration Number:	1887884	AMERIWATER
Registration Number:	2105292	AMERIWATER
Registration Number:	4240542	AMERIWATER

<b>CORRESPONDENCE DATA</b>	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	8046770947
Email:	chris@thresholdcounsel.com
Correspondent Name:	Threshold Counsel, PC
Address Line 1:	1905 Huguenot Road, Suite 200
Address Line 4:	Richmond, VIRGINIA 23235

NAME OF SUBMITTER:	Christopher E. Gatewood
Signature:	/Christopher E. Gatewood/

OP \$90.00 1887884

Date:

04/24/2013

**Total Attachments: 9**

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/23/2011	201135700130	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	100.00		.00	.00

**Receipt**

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

DIAMOND ACCESS  
ATTN: LISA VAIDO  
887 SOUTH HIGH STREET  
COLUMBUS, OH 43206

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

923792

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

**AMERIWATER, LLC**

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

Document(s)

Document No(s):

**CONVERSION WITHIN SOS RECORDS**  
CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

**201135700130**



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 31st day of December,  
A.D. 2011.

Ohio Secretary of State



Form 700 Prescribed by the:  
Ohio Secretary of State

Central Ohio: (614) 468-3910  
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us  
Busserv@sos.state.oh.us

Expedite this form: (select one)  
Mail form to one of the following:

- Expedite PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*
- Non Expedite PO Box 1329  
Columbus, OH 43216

**CERTIFICATE OF CONVERSION FOR ENTITIES CONVERTING  
WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE**  
Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Converting Within The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> Converting Off The Records of the Ohio Secretary of State (187-VXX)
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Name of the converting entity: Ameriwater, Incorporated

Jurisdiction of Formation: Ohio

Charter/Registration Number: 923792

The converting entity is a:  
(Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: Ameriwater, LLC

Jurisdiction of Formation: Ohio

The converted entity is a:  
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

RECEIVED STATE  
SECRETARY OF STATE  
2011 DEC 22 PM 1:00  
CLIENT SERVICE CENTER



IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required  
Must be authenticated (signed)  
by an authorized representative.

James E. Brown  
Signature

12/20/11  
Date

James E. Brown  
Print Name

Secretary  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

Ameriwater, Incorporated  
Exact Name of Corporation

If a foreign or domestic corporation licensed to transact business in Ohio is the converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Code.

<b>AGENCY</b> Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	<b>DATE NOTIFIED</b>  <u>12-22-2011</u>	<b>AGENCY</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-460-2319 Overnight: 4020 East 5th Avenue Columbus, OH 43219-1811	<b>DATE NOTIFIED</b>  <u>12-22-2011</u>  Regular: P.O. Box 182413 Columbus, OH 43218-2413
<b>AGENCY</b> Ohio Bureau of Workers' Compensation 80 W. Spring Street Columbus, OH 43215	<b>DATE NOTIFIED</b>  <u>12-22-2011</u>	<b>TREASURER</b> The treasurer of any county in which the corporation has personal property:	<b>DATE NOTIFIED</b>  <u>12-22-2011</u>

Note: This affidavit must be signed by one or more persons executing the certificate of conversion or by an officer of the corporation.

Signature James E. Brown Title Secretary

Name James E. Brown

Street Address / P.O. Box Address 8007 Discovery Dr.

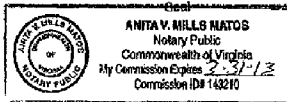
City Richmond State VA Zip Code 23229

Acknowledged before me and subscribed in my presence on

Date 12-22-2011

Anita V. Mills Matos  
Notary Public

Commission Expires 3-31-13  
Date



AFFIDAVIT OF PERSONAL PROPERTY

STATE OF Virginia  
County Henrico SS:  
James E. Brown  
Name of Officer  
Secretary of Ameriwater, Incorporated  
Title of Officer Name of Corporation

and that this affidavit is made in compliance with Section 1701.811(B)(4) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

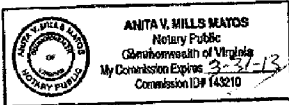
- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only

Has personal property only in the following county (ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: James E. Brown Title: Secretary

Acknowledged before me and subscribed in my presence on Date 12/10/11



Anita V. Mills Matos  
Notary Public

Expiration date of Notary Public's Commission 3-31-2013  
Date





Form 533A Prescribed by the:  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us  
Bussery@sos.state.oh.us

**Expedite this form: (select one)**  
Mail form to one of the following:

- Expedite PO Box 1390  
Columbus, OH 43216
- \*\*\* Requires an additional fee of \$100 \*\*\*
- Non Expedite PO Box 670  
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC  
LIMITED LIABILITY COMPANY**  
Filing Fee: \$125.00

*(CHECK ONLY ONE (1) BOX)*

<p>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA) ORC 1705</p>	<p>(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705</p>
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Name of limited liability company  
Ameriwater, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date 12/31/2011 (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)  
(Optional) mm/dd/yyyy

This limited liability company shall exist for perpetual Period of Existence  
(Optional)

Purpose  
(Optional)

Check here if additional provisions are attached

**ORIGINAL APPOINTMENT OF AGENT**

The undersigned authorized member(s), manager(s) or representative(s) of

Ameriwater, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

CSC- Lawyers Incorporating Service (Corporation Service Company)

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

Zip Code

if the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

**ACCEPTANCE OF APPOINTMENT**

The undersigned, named herein as the statutory agent for

Ameriwater, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company  
CSC- Lawyers Incorporating Service (Corporation Service Company)

By: Melissa Bentley

Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

**REQUIRED**

Articles and original appointment of agent must be authenticated (signed) by a member, manager or other representative.

James E. Brown  
Signature

12/20/11  
Date

James E. Brown  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(See Instructions Below)