

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM319805

| | | | |
|---|-----------------------------------|-----------------------|---------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| se2, Inc. | | 10/21/2013 | CORPORATION: KANSAS |
| RECEIVING PARTY DATA | | | |
| Name: | se2, LLC | | |
| Street Address: | 1 SW Security Benefit Place | | |
| City: | Topeka | | |
| State/Country: | KANSAS | | |
| Postal Code: | 66636 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: KANSAS | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 3534685 | DIRECTDOC | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 9134510875 | | |
| <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: | 913-451-5100 | | |
| Email: | ipdocketing@lathropgage.com | | |
| Correspondent Name: | Amy Brozenic | | |
| Address Line 1: | 10851 Mastin Blvd. | | |
| Address Line 2: | Building 82, Suite 1000 | | |
| Address Line 4: | Overland Park, KANSAS 66210-1669 | | |
| ATTORNEY DOCKET NUMBER: | 461247 | | |
| NAME OF SUBMITTER: | Amy Brozenic | | |
| SIGNATURE: | /Amy Brozenic/ | | |
| DATE SIGNED: | 10/10/2014 | | |
| Total Attachments: 2 | | | |
| source=461247_KS_SOS_Conversion_SE2_Inc_to_LLC#page1.tif | | | |
| source=461247_KS_SOS_Conversion_SE2_Inc_to_LLC#page2.tif | | | |

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CVD

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KANSAS SECRETARY OF STATE

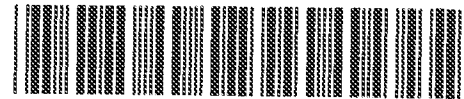
Certificate of Conversion to a Kansas Entity

Foreign or Kansas Entity Converting into a Kansas Entity

CONTACT: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

| | |
|----------|-----------------|
| 1601 01 | FILED BY KS SOS |
| 053 044 | 10-21-2013 |
| \$240.00 | 01:56:28 PM |
| 3 | FILE#: 6031629 |



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1 INSTRUCTIONS: All information must be completed or this document will not be accepted for filing.
Please read instructions before completing.

Converting Entity

1. Business entity ID number:

This is not the Federal Employer ID Number (FEIN)

6031629

2. Entity name:

se2, inc.

3. Type of entity:

 For-Profit Corporation General Partnership Limited Liability Partnership
 Not-for-Profit Corporation Limited Liability Company Limited Partnership

4. State or country of organization:

Kansas

New Entity

5. Entity name:

se2, LLC

6. Type of entity:

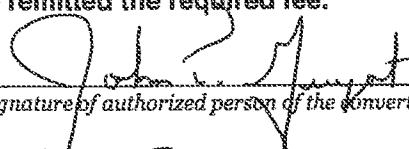
 For-Profit Corporation General Partnership Limited Liability Partnership
 Not-for-Profit Corporation Limited Liability Company Limited Partnership

7. Effective date:

 Upon filing
 Future effective date (cannot exceed 90 days from the file date) _____
Month Day Year

The formation document and fee for the converted entity are attached. This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 or by the laws of the appropriate foreign jurisdiction.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.


Signature of authorized person of the converting entity

Date

10-21-13

John F. Guyot
Name of signer, printed or typed

Title

Secretary

1 Instructions:

1. Submit this form with the \$75 filing fee. Make checks payable to the Kansas Secretary of State.
2. Include formation document for the new entity with the filing fee.

NOTICE: There is a \$25 service fee for all checks returned by your financial institution.

Dux

DL

KANSAS SECRETARY OF STATE

**Kansas Limited Liability Company
Articles of Organization**

51-09

CONTACT: Kansas Office of the Secretary of State

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.*

| | | | |
|--|---|--------------------------------|-----------------------------|
| 1. Name of the limited liability company: | se2, LLC | | |
| 2. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address A P.O. box is unacceptable</i> | se2, LLC | | 1 SW Security Benefit Place |
| | <i>Name</i> | <i>Street Address</i> | |
| | Topeka | Kansas | 66636-0001 |
| | <i>City</i> | <i>State</i> | <i>Zip</i> |
| 3. Mailing address: <i>This address will be used to send official mail from the Secretary of State's office</i> | se2, LLC | | 1 SW Security Benefit Place |
| | <i>Attention Name</i> | <i>Address</i> | |
| | Topeka | Kansas | 66636-0001 USA |
| | <i>City</i> | <i>State</i> | <i>Zip</i> <i>Country</i> |
| 4. Tax closing month: | December | | |
| 5. Effective date: <i>A future effective date must be within 90 days of filing date</i> | <input checked="" type="checkbox"/> Upon filing | | |
| | <input type="checkbox"/> Future effective date | _____ | _____ |
| | <i>Month</i> | <i>Day</i> | <i>Year</i> |
| 6. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and I have remitted the required fee. | | | |
| | | 10-21-2013 | |
| <i>Signature of organizer</i> | | <i>Date (month, day, year)</i> | |