CH \$90.00 869

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM393827

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Lithko Contracting, Inc.		04/01/2016	Corporation: OHIO

RECEIVING PARTY DATA

Name:	Lithko Contracting, LLC	
Street Address:	Street Address: 5353 Hamilton Middletown Rd	
City:	Liberty Township	
State/Country:	OHIO	
Postal Code:	45011	
Entity Type:	Limited Liability Company: DELAWARE	

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Serial Number:	86934320	LITHKO CONTRACTING
Serial Number: 86934337		LITHKO CONTRACTING, INC.
Serial Number:	86934304	LITHKO

CORRESPONDENCE DATA

Fax Number: 4153939887

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.

Phone: 4159540200

Email: trademark@squirepb.com **Correspondent Name:** Philip R. Zender, Esq.

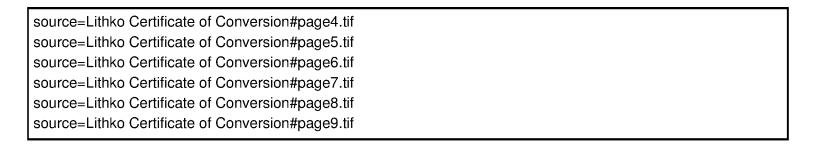
Address Line 1: 275 Battery Street, Suite 2600

Address Line 4: San Francisco, CALIFORNIA 94111

ATTORNEY DOCKET NUMBER:	114956.1
NAME OF SUBMITTER:	Philip R. Zender, Esq.
SIGNATURE:	/Philip R. Zender/
DATE SIGNED:	08/04/2016

Total Attachments: 9

source=Lithko Certificate of Conversion#page1.tif source=Lithko Certificate of Conversion#page2.tif source=Lithko Certificate of Conversion#page3.tif





DATE 03/30/2016 DOCUMENT ID 201609001954

DESCRIPTION Conversion Within SOS Records (CVS) FILING 99.00 300.00

COPY CERT 0.00 0.00 0.00

Receipt

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

CT CORPORATION SYSTEM **CHRIS RICKARD** 4400 EASTON COMMONS WAY, STE 125 COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 880359

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

LITHKO CONTRACTING, LLC

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

Effective Date: 04/01/2016

Document(s)

Document No(s):

Conversion Within SOS Records

201609001954

CHANGE BUSINESS TYPE FOR, PROFIT LIM, LIAB, CO.

State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of March, A.D. 2016.

Ohio Secretary of State



Form 700 Prescribed by:

Jon Husted Ohio Secretary of State

Toli Frob: (877) SOS-FILE (877-767-3453) Central Ohio: (814) 496-3910

www.OhioSecretaryofStale.gov hussorv@OhioSecretaryofStale.gov

File online or for more information: www.OHBesinetsScentral.com

Mail this form to one of the following:

Regular Filing (non expedse) P.O. Box 1329 Columbus, OH 43216

Expects: Falsy (Two business day processing time: Requires an additional \$100.00)

P.C. Box 1399 Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99 Form Must Be Typed

(CHECK ONLY ONE (1) BOX)		Marine de La Carlo. Marine de Marine de La Carlo.
(1) x Converting <u>Within</u> The Secretary of State	e Records of the Ohio	(2) Converting Off The Records of the Ohio Secretary of State (187-VXX)
Name of the converting entity	Lithko Contracting, Inc.	
Jurisdiction of Formation	Ohio	
Charter/Registration Number	880359	
The converting entity is a: (Check Only (1) One Box)		
Domestic Corporation (For-F	Profit ar Nonprofit)	Partnership
Foreign Corporation (For-Pro	ofit or Nonprofit)	Domestic Limited Partnership
Domestic Nonprofit Limited t	iability Company	Foreign Limited Partnership
Foreign Nonprofit Limited Liability Company		Domestic Limited Liability Partnership
Domestic For-Profit Limited Liability Company		Foreign Limited Liability Partnership
Foreign For-Profit Limited Li	ability Company	
The converting entity hereby state and that those laws permit the co		all laws in the jurisdiction under which it exists

Form 700

Page 1 of 5

Last Revised: 9/24/2015

Name of the converted entity	Lithko Contracting, LL	.c		
Jurisdiction of Formation	Delaware			
ne converted entity is a: Check Only (1) One Box)				
Domestic Corporation (For-	Profit)	☐Partnershi	p	
Foreign Corporation (For-Pr	rafit or Nonprofit)	☐Domestic I	imited Partners	hip
Domestic Nonprofit Limited	Liability Company	Foreign Lin	nited Partnershi	p
☐Foreign Nonprofit Limited Li	ability Company	Domestic I	imited Liability	Partnership
Domestic For-Profit Limited	Liability Company	☐Foreign Li	nited Liability Pa	artnership
Foreign For-Profit Limited L	iability Company			
ffective Date Optional) 04/01/2016, 9:00	a.m. (The conversion is specified in the cer	effective upon the filin	g of this certificate	or on a later date
ame and address of the person	•	ŕ	aration of conve	rsion upon written
Squire Patton Boggs (US) L	LP	tan'i mandri danin'i mandri daninga teoriany ay dani daningany di dagaya daningan rayyan a	erianandae de de dec anterior de la company de la comp	
Name			LI, L., E and Manager Springer	
221 E. Fourth St., Suite 290	10			
Mailing Address				
Cincinnati			Ohio	45202
City			State	Zip Code
***************************************	TO STATE OF COMPLETE OF STATE		MANNEY COMMUNICATION OF CONTROL OF THE CONTROL OF CONTR	
equired information that mus	t accompany conversi	on certificate if bo	2 is checked	
the converting entity is a dome ddress of the statutory agent up				the name and
Name of Statutory Agent				
Mailing Address	777777777777777777777777777777777777777	ki grop,ku opiąc zarospięci kiekie ikie kalikie ikiekie kalikie ikiekie ikiekie ikiekie ikiekie ikiekiekiekiekiekiekiekiekiekiekiekiekie		
			Ohio	
City		***************************************	State	Zip Code
ee instructions for additional (1) the conversion crea		(říty		
(2) the converted entity (3) if a domestic corpor	is a foreign entity that	t desires to transac		
Form 700		Page 2 of 5		Lest Pouisod: 9/2

Page 3

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 signed by an
authorized representative.

Box allun
Signalure
By (if applicable)
Brian J. Albanese, Secretary and Treasurer
Print Name
Signature
The second secon
By (if applicable)
Print Name
Signature
agrature
By (il applicable)
on I die enfahrenden ert
Print Name

Form 700

Page 3 of 5

Last Revised: 9/24/2015

Complete the information in this sec		AFFIDAVIT				
	dissolution releases	from various g	overnmen	ilal autho	orities,	
Linke Co	ntracting, Inc.	·				
The undersigned, being first duly sworn agencies was advised IN WRITING of tacknowledgement by the corporation of	i, declares that on the	of filing of the C	led below, ledificate a	and was	advised IN	WRITING of the
Agency	Date Notified	'Agency	maturia profita de la secona dela secona de la secona dela secona de la secona dela secona dela secona dela secona de la secona dela secona dela secona dela secona dela secona de la secona dela	www.s.wenfeturushib	1	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	March 18, 2016	Ohio Job & F Status and L Data Correst Fax Phone	lability Sec condence 614-75	ction	į	March 18, 2016
*Only required for domestic for-profit co	rporations	Overnight: P.O. Bax 182 Columbus, C		2413	Regular: P.O. Box Columbu	
Аделсу	Date Notified	1		e in a service described		орожирован до надражировано в Абтон _о ди до на Моско. На учен в Пред пред пореж на надражения пореж на пред на
Ohio Department of Taxation Taxpayer Services Division/Tax Releas PO 80x 182382 Columbus, OH 43218-2382	e Unit	≇ dep		Linxation	s has not a	to pay or the assessed any
Dissolution@tax.state.ch.us "Complete this date notifies field only if the a domestic non-profit corporation or foreign (see* note below)						
*Note: Domestic for-profit corporations in Note; This affidavit must be signed by o					·	
Signature B	llu		Title	Secreta	ary and Tre	easurer
Brian J. Albanese						and the second section of the section of the second section of the section of the second section of the section of th
Name	оми готория в готория и продости под при	may ago og men men men en en en ender e		e de la compansa de l	NATIONAL PROPERTY OF THE PARTY	
5353 Hamilton Middletown Rd						
Mailing Address			A. J. J. J. V. B. S. J. M. S.			- unique_pau_pauniquemoniqued.
Liberty Township			Ohio	and the same of th	45011	
City			State	1	Zip Code	e
Sworn to and subscribed in my presence	e on 3/28/16	Executation of the same of				
HOTARY PUR	Cebbe, Allemey Al Law LIC (STATE OF OHO A n has no stringfor (41% c 147.63 R.C.	-TAL		Commit Expires		NEVER Date
Form 70	Page	e4 of 5				Last Revised: 9/24/2015

AFFIC	DAVIT OF PERSONAL PROPERTY	,
MANAGEMENT OF A COLUMN TO SERVICE OF THE SERVICE OF		
State of Ohio		
County of Buller		
Brian J. Albanese		
Name of Officer	ov	
Secretary and Treasurer	of Lithko Contracting	Inc.
Title of Officer	Name of Corporati	по
and that this affidavit is made in compliance wit	h Section 1701.66(H)(1) of	the Ohio Revised Code.
That above-named corporation: (Check one (1)	an Photo action and desirable of the device of the second	3.10 3.10 1.10 1.10 1.10 1.10 1.10 1.10
Has no personal property in any		
	nal property taxes to state authorities	es only
Has personal property in the following		
Buller	Union	ATTER AND ADMINISTRATION OF THE PROPERTY OF TH
Signature: PS Allur	Tille Secretary	and Treasurer
Sworn to and subscribed in my presence on Da	ate 3/28/16	
Seal State S		
EVE	in Anthony Toebbe, Attorney At Lew ICTARY PUBLIC - STATE OF OHIO	
	Sec 147,03 R.C. Motary Public	-4
Expiration date of Notary Public's Commission		
expiration date of modely Pholic's Continuesian	Date WEVER	
Form 700	Page 5 of 5	Last Revised: 9/24/2015

Ohio Department of Taxation

FO Box 182382 Columbus, OH 43218-2382 lax.ohio.gov

> ՊեհիևՍիկի թերկան անդին գրանակին հետ CONTRACTING, INC. CHARTER# 860359 TIMOTHY COYLE C/O SQUIRE BOGGS(US) LLP 221 E FOURTH ST SUITE 2900 CINCINNATI, OH ∮5202 USA

March 16, 2016 Contact ID: 6008320054

RE: Certificate of Tax Clearance

This certificate certifies that the above stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and tees that become due after the certificate issue date or as a result of an examination or audit for any period ending prior to the date that this certificate is filed with the Ohio Secretary of State.

This certificate of Tax Clearance is valid for thirty (30) days from the date of issuance and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa Tax Commissioner

If you have any questions, please contact us.

Taxpayer Services Division Phone: 1-688-405-4039 Fax: 1-206-984-0378 TTY/TDD: 1-800-750-0750

TRAT0001

. 'a 9259 'ON

1 of 1

OHIO DEBT TAXATION

WAR, 16, 2016 4:25FM



Form 533B Prescribed by:

JON HUSTED OHIO SECRETARY OF STATE

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

www.DhioSecretaryofStata.gov แนะผลการัฐ OhioSecretaryofState.gov

File online or for more information: www.OhiBusiness.Central.com

Mail this form to one of the following:

Regular Fing (non expedie)
P.O. Bas. 6/1
P.O. Bas. 6/1
Especial Filing (fine business day processing time.

Requires an additional \$100.00)
P.O. Bas 1300
Columbus, OH 42216

Registration of a Foreign Limited Liability Company

Filing Fee: \$99 Form Must Be Typed

CHECK O	NLY ONE	: (1) BOX
---------	---------	------	-------

(1) X	Registration of a Fo Liability Company (106-LFA) ORC 1705	oreign For-Profit Limited
	Juris	diction of Formation	Delaware
	Date	of Formation	4/1/2016, 9:00 a.m.

(2)	Registration of a Fo Limited Liability Con (106-LFA) ORC 1705	profit	6)	
Juris	sdiction of Formation			
Date	of Formation			

Name of Limited Liability Company in its jurisdiction of formation		
Lithko Contracting, LLC		
lame under which the foreign limited liability company desires to transurisdiction of formation) is:	sact business in Ohio	o (if different from its name in its
Name must include one of the following words or abbreviations: "limited liability cor	npany," "limited," "LLC," "I	L.E.C.," "lid.," or "ltd"
he address to which interested persons may direct requests for copie greement, bylaws, or other charter documents of the company is: Squire Patton Boggs (US) LLP	es of the limited liabili	ty company's operating
Name		
221 E. Fourth St., Suite 2900		
Mailing Address		
Cincinnati	ОН	45202
04	Lancia — — — — — — — — — — — — — — — — — — —	
City	State	ZIP Code

Form 533B

Page 1 of 2

Last Revised: 9/24/2015

RECORDED: 08/04/2016

Name 1300 East 9th Street	1300 East 9th Street Malling Address Cleveland City The limited liability company irrevocate the authority of the agent continues, at an agent is not an agent is a continue to the agent care. By signing and submitting this form to has the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	State he agent listed o Secretary of the been revoluted the been revoluted from the been revoluted fr	ZIP Code above as long as State if: oked, or ble diligence.	
Malling Address Cleveland City State ZIP Code The limited liability company irrevocably consents to service of process on the agent listed above as long as ne authority of the agent continues, and to service of process upon the Ohio Secretary of State if: a. an agent is not appointed, or b. an agent is appointed but the authority of that agent has been revoked, or c. the agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent cannot be found or served after the exercise of reasonable diligence. It is agent the exer	Mailing Address Cleveland City The limited liability company irrevocate authority of the agent continues, at an agent is not an agent is a continue to the agent care. It is a continued to the agent care to signify and submitting this form to as the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	State he agent listed o Secretary of the been revoluted the been revoluted from the been revoluted fr	ZIP Code above as long as State if: oked, or ble diligence.	
Cleveland City State ZIP Code the limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if: a. an agent is not appointed or b. an agent is not appointed, or c. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The agent cannot be found or served after the exercise of reasonable diligence. The exercise of reasonable diligence. The control of the agent cannot be found or served after the exercise of reasonable diligence. The exercise	Cleveland City The limited liability company irrevocate authority of the agent continues, at an agent is not an agent is a continue to the agent care. The agent care y signing and submitting this form to as the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	State he agent listed o Secretary of the been revoluted the been revoluted from the been revoluted fr	ZIP Code above as long as State if: oked, or ble diligence.	
City State ZIP Code The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if: a. an agent is not appointed but the authority of that agent has been revoked, or the agent cannot be found or served after the exercise of reasonable diligence. y signing and submitting this form to line Ohio Secretary of State, the undersigned hereby certifies that he or she as the requisite authority to execute this document. equired ust be signed by an ulthorized representative. authorized representative. By (if applicable) Brian J. Albanese, Secretary and Treasurer Print Name By (if applicable) Brian J. Albanese, Secretary and Treasurer Print Name Signature By (if applicable) Signature Signature By (if applicable) Signature Signature By (if applicable)	City he limited liability company irrevocate authority of the agent continues, at an agent is not be an agent is a continue of the agent care. y signing and submitting this form to as the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	State he agent listed o Secretary of the been revoluted the been revoluted from the been revoluted fr	ZIP Code above as long as State if: oked, or ble diligence.	
the limited liability company irrevocably consents to service of process on the agent listed above as long as ne authority of the agent continues, and to service of process upon the Ohio Secretary of State if: a. an agent is not appointed, or b. an agent is appointed but the authority of that agent has been revoked, or c. the agent cannot be found or served after the exercise of reasonable diligence. y signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she as the requisite authority to execute this document. equired tust be signed by an authorized representative. authorized representative. authorized representative a business entity, not an dividual, then please print is business entity not an dividual, then please print is business entity usst sign in the "By" box and print their name in the extension of the By form and the By form and the By form applicable) Signature	he limited liability company irrevocat ne authority of the agent continues, a a. an agent is n b. an agent is a c. the agent car y signing and submitting this form to as the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	he agent listed o Secretary of t has been revo sise of reasonal	above as long as State if: oked, or ble diligence.	
a. an agent is not appointed, or b. an agent is appointed but the authority of that agent has been revoked, or c. the agent cannot be found or served after the exercise of reasonable diligence. y signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she as the requisite authority to execute this document. equired lust be signed by an uthorized representative authorized representative an individual, then they sust sign in the "signature" by (if applicable) Brian J. Albanese, Secretary and Treasurer Print Name Brian J. Albanese, Secretary and Treasurer Print Name Signature By (if applicable)	a. an agent is n b. an agent is n c. the agent car y signing and submitting this form to as the requisite authority to execute	and to service of process upon the appointed but the authority of note the found or served after the Ohio Secretary of State, this document.	n the Ohio	o Secretary of thas been revo	State if: . oked, or ble diligence.	
as the requisite authority to execute this document. Itequired fust be signed by an authorized representative an individual, then they must sign in the "signature" ox and print their name in the "Print Name" box. authorized representative a business entity, not an authorized representative is business name in the signature box, an authorized representative fit the business entity must sign in the "By" box and print their name in the "Print Name" box. Brian J. Albanese, Secretary and Treasurer Print Name Signature By (if applicable) Signature By (if applicable) Signature By (if applicable)	as the requisite authority to execute	this document.	the under	rsigned hereby	certifies that he or she	
Signature Signature Signature Signature Signature Signature By (if applicable) Brian J. Albanese, Secretary and Treasurer Authorized representative a business entity, not an advividual, then please print to business name in the signature box, an uthorized representative the business entity nust sign in the "By" box and print their name in the Print Name Signature By (if applicable) By (if applicable) Signature By (if applicable) Signature By (if applicable) Signature By (if applicable) Signature By (if applicable)	equired	Signature Signature	L-	-		
Authorized representative san individual, then they sust sign in the "signature" ook and print their name a business entity sust sign in the "By" box and print their name in the "Print Name" box. Signature By (if applicable) Signature By (if applicable)		Signature				
authorized representative an individual, then they just sign in the "signature" bx and print their name the "Print Name" box. authorized representative a business entity, not an dividual, then please print be usiness name in the ignature" box, an athorized representative the business entity ust sign in the "By" box and print their name in the "Print Name" box. By (if applicable)	lust be signed by an				ALTA CONTRACTOR OF THE CONTRAC	
an individual, then they ust sign in the "signature" bx and print their name the "Print Name" box. authorized representative a business entity, not an dividual, then please print to business mame in the ignature" box, an athorized representative the business entity ust sign in the "By" box and print their name in the "Print Name" box. Brian J. Albanese, Secretary and Treasurer Print Name Signature By (if applicable) Signature Signature By (if applicable) Signature Signature By (if applicable)	thorized representative.					
ox and print their name the "Print Name" box. authorized representative a business entity, not an dividual, then please print e business name in the ignature" box, an athorized representative the business entity ust sign in the "By" box and print their name in the Print Name By (if applicable) Signature By (if applicable) Signature By (if applicable)	an individual, then they	By (if applicable)				
authorized representative a business entity, not an idividual, then please print be business name in the signature box, an uthorized representative of the business entity it has busin		Brian J. Albanese, Secre	tary and	Treasurer		
a business entity, not an dividual, then please print to business name in the signature box, an authorized representative (the business entity bust sign in the "By" box and print their name in the Print Name Print Name Signature By (if applicable) Signature Signature		Print Name				
a business entity, not an dividual, then please print to business name in the signature box, an authorized representative if the business entity bust sign in the "By" box and print their name in the Print Name Print Name Signature Signature By (if applicable) Signature Signature	authorized representative					
be business name in the signature" box, an uthorized representative [I the business entity wast sign in the "By" box and print their name in the Print Name Signature Signature By (if applicable) Signature By (if applicable)	a business entity, not an					
ignature" box, an athorized representative		Signature				
Signature By (if applicable) Signature By (if applicable) By (if applicable) By (if applicable)						
Signature By (if applicable)	uthorized representative	By (if applicable)		, . ,		
Print Name Signature By (if applicable)	iust sign in the "By" box	, , , , , , , , , , , , , , , , , , , ,				
Signature By (if applicable)		Deint Nome		والمراجعة		
By (if applicable)	THE THE LIES	Luut ivame				
By (if applicable)		***				
		Signature	***********			
	•	By (if applicable)				
least the second			,,,,,,			
Print Name		Print Name			<u>.</u>	

Page 9