

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM393827

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Lithko Contracting, Inc.		04/01/2016	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Lithko Contracting, LLC		
<b>Street Address:</b>	5353 Hamilton Middletown Rd		
<b>City:</b>	Liberty Township		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45011		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86934320	LITHKO CONTRACTING	
<b>Serial Number:</b>	86934337	LITHKO CONTRACTING, INC.	
<b>Serial Number:</b>	86934304	LITHKO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4153939887		
<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>			
<b>Phone:</b>	4159540200		
<b>Email:</b>	trademark@squirepb.com		
<b>Correspondent Name:</b>	Philip R. Zender, Esq.		
<b>Address Line 1:</b>	275 Battery Street, Suite 2600		
<b>Address Line 4:</b>	San Francisco, CALIFORNIA 94111		
<b>ATTORNEY DOCKET NUMBER:</b>	114956.1		
<b>NAME OF SUBMITTER:</b>	Philip R. Zender, Esq.		
<b>SIGNATURE:</b>	/Philip R. Zender/		
<b>DATE SIGNED:</b>	08/04/2016		
<b>Total Attachments: 9</b>			
source=Lithko Certificate of Conversion#page1.tif			
source=Lithko Certificate of Conversion#page2.tif			
source=Lithko Certificate of Conversion#page3.tif			

CH \$90.00 86934320

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/30/2016	201609001954	Conversion Within SOS Records (CVS)	99.00	300.00	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:

Document(s)

**Conversion Within SOS Records**

Effective Date: **04/01/2016**

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

Document No(s):

**201609001954**



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  
30th day of March, A.D. 2016.

*Jon Husted*  
Ohio Secretary of State



Form 700 Prescribed by:  
**JON HUSTED**  
 OHIO SECRETARY OF STATE  
 Toll Free: (877) SO3-FILE (877-767-3153)  
 Central Ohio: (614) 466-3910  
 www.OhioSecretaryofState.gov  
 hustedj@OhioSecretaryofState.gov  
 File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)  
 P.O. Box 1320  
 Columbus, OH 43216  
 Expedite Filing (Two business day processing time. Requires an additional \$100.00)  
 P.O. Box 1352  
 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)

(1) <input checked="" type="checkbox"/> Converting <u>Within</u> The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> Converting <u>Off</u> The Records of the Ohio Secretary of State (187-VXX)
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Name of the converting entity	<input type="text" value="Lithko Contracting, Inc."/>
Jurisdiction of Formation	<input type="text" value="Ohio"/>
Charter/Registration Number	<input type="text" value="880359"/>
The converting entity is a: (Check Only (1) One Box)	
<input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<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	
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

Jurisdiction of Formation

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

Domestic Corporation (For-Profit)                       Partnership

Foreign Corporation (For-Profit or Nonprofit)                       Domestic Limited Partnership

Domestic Nonprofit Limited Liability 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 Liability Company

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

                                             
 City    State    Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

                                             
 City    State    Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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.

*Brian J. Albanese*  
Signature

By (if applicable)

Brian J. Albanese, Secretary and Treasurer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Lithko Contracting, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	March 18, 2016	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	March 18, 2016     Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissoluton@tax.state.oh.us		<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

\*Only required for domestic for-profit corporations

\*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. (see\* note below)

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

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

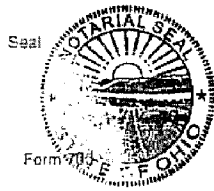
Signature: [Signature] Title: Secretary and Treasurer

Name: Brian J. Albanese

Mailing Address: 5353 Hamilton Middletown Rd

City: Liberty Township State: Ohio Zip Code: 43011

Sworn to and subscribed in my presence on: 3/28/16 Date



Evan Anthony Toebe, Attorney At Law  
NOTARY PUBLIC - STATE OF OHIO  
My commission has no expiration date  
Sec. 147.03 R.C.

Commission Expires: NEVER Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Buller

Brian J. Albanese  
Name of Officer

Secretary and Treasurer of Lithko Contracting, Inc.  
Title of Officer Name of Corporation

and that this affidavit is made in compliance with Section 1701.66(H)(1) 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 in the following county (ies)

Buller Union

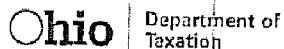
Signature: *Brian J. Albanese* Title Secretary and Treasurer

Sworn to and subscribed in my presence on Date 3/28/16

Seal:  Evan Anthony Tosbba, Attorney At Law  
 NOTARY PUBLIC - STATE OF OHIO  
 My commission has no expiration date  
 Sec. 147.03 R.C., Notary Public

Expiration date of Notary Public's Commission Date NEVER





PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov

LITHKO CONTRACTING, INC. CHARTER# 880359  
TIMOTHY COYLE C/O SQUIRE BOGGS(US) LLP  
221 E FOURTH ST SUITE 2900  
CINCINNATI, OH 45202  
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 fees 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: 1-888-405-4039  
Fax: 1-206-964-0378  
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

NO. 6925

OHIO DEPT TAXATION

MAR 16 2016 4:25PM



Form 533B Prescribed by:  
**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS FILE (877-767-3453)  
Central Ohio: (614) 466-2010  
www.OhioSecretaryofState.gov  
business@OhioSecretaryofState.gov

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

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 679  
Columbus, OH 43268

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1350  
Columbus, OH 43216

### Registration of a Foreign Limited Liability Company

Filing Fee: \$99  
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1)  Registration of a Foreign For-Profit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation

Date of Formation

(2)  Registration of a Foreign Nonprofit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation

Date of Formation

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

RECEIVED  
2016 MAR 30 PM 12:59  
CLIENT SERVICE CENTER

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CT Corporation System  
Name

1300 East 9th Street  
Mailing Address

Cleveland      Ohio      44114  
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 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.

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.

**Required**  
Must be signed by an authorized representative.

  
Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Brian J. Albanese, Secretary and Treasurer  
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name