

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM449015

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	06/01/2011
SEQUENCE:	1

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
LS7 Products LLC		06/01/2011	Limited Liability Company: COLORADO

RECEIVING PARTY DATA

Name:	iSatori Technologies, LLC
Street Address:	15000 W. 6th Avenue, Suite 202
City:	Golden
State/Country:	COLORADO
Postal Code:	80401
Entity Type:	Limited Liability Company: COLORADO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2758831	LEAN SYSTEM7

CORRESPONDENCE DATA

Fax Number:

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: (402) 341-3070
Email: trademark@mcgrathnorth.com
Correspondent Name: Tracy L. Deutmeyer
Address Line 1: McGrath North Mullin & Kratz, PC LLO
Address Line 2: 1601 Dodge Street, Suite 3700
Address Line 4: Omaha, NEBRASKA 68102

NAME OF SUBMITTER:	Tracy L. Deutmeyer
SIGNATURE:	/Tracy L. Deutmeyer/
DATE SIGNED:	10/30/2017

Total Attachments: 4

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Document processing fee

If document is filed on paper

\$150.00

If document is filed electronically

Currently Not Available

Fees & forms/cover sheets are subject to change.

To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business.

Paper documents must be typewritten or machine printed.

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\$300.00

SECRETARY OF STATE

06/01/2011 10:13:23

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger

(Surviving Entity is a Domestic Entity)

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number	20041213473 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	Eat-Smart, LLC		
Form of entity	Limited Liability Company		
Jurisdiction	Colorado		
<u>Street address</u>	15000 W. 6th Avenue, Suite 202 <i>(Street number and name)</i>		
	Golden <i>(City)</i>	CO <i>(State)</i>	80401 <i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	<i>(Country)</i>	
<u>Mailing address</u> (leave blank if same as street address)	<i>(Street number and name or Post Office Box information)</i>		
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	<i>(Country)</i>	

ID Number	20041213472 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	Energize Solutions, LLC		
Form of entity	Limited Liability Company		
Jurisdiction	Colorado		

Street address 15000 W. 6th Avenue, Suite 202
(Street number and name)
Golden CO 80401
(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) *(Street number and name or Post Office Box information)*
(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country)

ID Number 20021284888
(Colorado Secretary of State ID number)

Entity name or true name LS7 Products LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 15000 W. 6th Avenue, Suite 202
(Street number and name)

Golden CO 80401
(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

(City) (State) (ZIP/Postal Code)
(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)
There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number 20041213471
(Colorado Secretary of State ID number)

Entity name or true name iSatori Technologies, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 15000 W. 6th Avenue, Suite 202
(Street number and name)

Golden CO 80401
(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking the box.)*

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____
 Document number _____
 Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

7. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Adele	Stephen		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
15000 W. 6th Avenue, Suite 202			
<i>(Street number and name or Post Office Box information)</i>			

Golden	CO	80401	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
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<i>(Province - if applicable)</i>		<i>(Country)</i>	

(If applicable, adopt the following statement by marking the box and include an attachment.)
 This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

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