

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM463602

|   |   |                       |                                      |
|---|---|-----------------------|--------------------------------------|
| <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>                   |
| NPM Franchising, LLC  |   | 03/02/2017            | Limited Liability Company:<br>OREGON |
| <b>RECEIVING PARTY DATA</b>   |   |                       |                                      |
| <b>Name:</b>  | NPM Franchising, LLC                      |                       |                                      |
| <b>Street Address:</b>  | 200 Palouse Street, Ste. 201, Office #6   |                       |                                      |
| <b>City:</b>  | Wenatchee                                 |                       |                                      |
| <b>State/Country:</b>   | WASHINGTON                                |                       |                                      |
| <b>Postal Code:</b>   | 98801                                     |                       |                                      |
| <b>Entity Type:</b>   | Limited Liability Company: WASHINGTON     |                       |                                      |
| <b>PROPERTY NUMBERS Total: 2</b>  |   |                       |                                      |
| <b>Property Type</b>  | <b>Number</b>                             | <b>Word Mark</b>      |                                      |
| <b>Registration Number:</b>   | 4635752                                   | EARTHWISE PET         |                                      |
| <b>Registration Number:</b>   | 4739287                                   | EARTHWISE PET SUPPLY  |                                      |
| <b>CORRESPONDENCE DATA</b>  |   |                       |                                      |
| <b>Fax Number:</b>  | 5032202480                                |                       |                                      |
| <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>   | 503-294-9584                              |                       |                                      |
| <b>Email:</b>   | tm-pdx@stoel.com, dan.heinzkill@stoel.com |                       |                                      |
| <b>Correspondent Name:</b>  | Anne W. Glazer, Stoel Rives LLP           |                       |                                      |
| <b>Address Line 1:</b>  | 760 SW 9TH AVE., STE. 3000                |                       |                                      |
| <b>Address Line 4:</b>  | PORTLAND, OREGON 97205                    |                       |                                      |
| <b>NAME OF SUBMITTER:</b>   | Dan Heinzkill, Stoel Rives                |                       |                                      |
| <b>SIGNATURE:</b>   | /DaN/                                     |                       |                                      |
| <b>DATE SIGNED:</b>   | 02/27/2018                                |                       |                                      |
| <b>Total Attachments: 4</b>   |   |                       |                                      |
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| source=Articles of Conversion- NPM Franchising LLC - Copy#page4.tif   |   |                       |                                      |

OP \$65.00 4635752

FILED  
MARCH 2, 2017  
Secretary of State  
State of Washington

03/20/17 3409463-001  
\$0.00 D  
tid: 3436203

RECEIVED

MAR 02 2017

Washington Articles of Conversion  
(Consistent with RCW 25.15.446)

WA SECRETARY OF STATE

1. Purpose: These Articles of Conversion are for re-domicile of NPM Franchising, LLC from the State of Oregon to the State of Washington.
2. Current Domicile, Entity Type, Governing Statute: Oregon (foreign) Limited Liability Company, governed by Oregon Revised Statutes 63.
3. New Domicile, Entity Type, Governing Statute: Washington (domestic) Limited Liability Company, governed by RCW 25.15.
3. Current Name of Entity: NPM Franchising, LLC
4. UBI#: 603-152-440
5. Name of New Entity (if applicable): NPM Franchising, LLC. The name of the entity shall not change.
6. Date Conversion is to be Effective: January 1, 2017 or upon filing by the Washington Secretary of State if early date is not acceptable.
7. Approved. The conversion (re-domicile) has been approved as required by the governing statutes in Oregon and Washington.
8. Signature:

By: DocuSigned by:  
Michael Seitz  
085F17DC8770432  
 Michael Todd Seitz

Title: Member-Manager and CEO

Date: 3/1/2017



Office of the Secretary of State  
Corporations & Charities Division

### Limited Liability Company

See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

UBI Number: 603-152-440

## CERTIFICATE OF FORMATION

Chapter 25.15 RCW

### SECTION 1

**NAME OF LIMITED LIABILITY COMPANY:**

NPM Franchising, LLC

*(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)*

### SECTION 2

**ADDRESS OF THE PRINCIPAL OFFICE:**

Street Address 200 Palouse Street, Ste 201, Office #6 City Wenatchee State WA Zip 98801

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION 3

**EFFECTIVE DATE OF FORMATION:** *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: \_\_\_\_\_ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

### SECTION 4

**TENURE:** *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence \_\_\_\_\_ *(Number of years or date of termination)*

| SECTION 5   |  |  |
|---|--|--|
| <b>DESIGNATION OF REGISTERED AGENT: <i>SELECT ONLY ONE AGENT TYPE (RCW 23.95)</i></b>   |  |  |
| <input type="checkbox"/> <b>Commercial Agent</b>  | <input checked="" type="checkbox"/> <b>Noncommercial Agent</b><br>(most common)  | <input type="checkbox"/> <b>Office or Position</b>   |
| NAME  | Michael Seitz  | NAME   |
| NAME ONLY of Commercial Registered Agent as recorded with the Secretary of State. (Address of Commercial Registered Agent is already on file) | Name of Noncommercial Registered Agent. (Any person or business not registered as a Commercial Registered Agent, must also include the physical address below) | List the Office or Position serving as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, Treasurer, must also include the physical address below) |

**Washington State Physical Address (Required Only for Noncommercial, Office, or Position):**

Address 200 Palouse Street, Ste 201, Office #6

City Wenatchee WA Zip Code 98801

**Washington State Alternate Mailing or Postal Address (optional):**

Address \_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT:**

I hereby consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

|  |   |   |
|--|---|---|
| X <u>Michael Seitz</u><br><small>Signature of Registered Agent</small> | Michael Seitz, CEO<br><small>Printed Name/Title</small> | 2/9/2017<br><del>January XXXXX, 2017</del><br><small>Date</small> |
|--|---|---|

**SECTION 6**

**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:**  
*(If necessary, attach additional names, addresses and signatures)*

Name: ~~XXXXXXXXXX~~ Daniel Webb

Address: 200 Palouse Street, Ste 201, Office #6 City Wenatchee State WA Zip Code 98801

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

|   |  |   |                                      |
|---|--|---|--------------------------------------|
| X <u>Dan Webb</u><br><small>Signature of Executor</small> | Daniel Webb<br><small>Printed Name</small> | January 31, 2017<br><small>Date</small> | 503-208-1008<br><small>Phone</small> |
|---|--|---|--------------------------------------|



Office of the Secretary of State Corporations & Charities Division

**COVER SHEET FOR CONVERSION OF BUSINESS ENTITY**

The undersigned, under penalties of perjury, do hereby attest to the conversion and/or domestication of the specified entity by virtue of the selections and information provided below.

**Converting from:** (current domicile and entity type)

Choose 1 domicile (required)

|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Domestic (Washington)                   |
| <input checked="" type="checkbox"/> | Foreign (list domicile below)<br>Oregon |

Choose 1 entity type (required) Governing statute

|                                     |  |           |
|-------------------------------------|--|-----------|
| <input type="checkbox"/>            | Profit Corporation                                     | RCW 23.B  |
| <input type="checkbox"/>            | Limited Liability Company (LLC)                        | RCW 25.15 |
| <input type="checkbox"/>            | Limited Partnership (LP or LLLP)                       | RCW 25.10 |
| <input type="checkbox"/>            | Limited Liability Partnership (LLP)                    | RCW 25.05 |
| <input type="checkbox"/>            | unincorporated entity                                  |           |
| <input checked="" type="checkbox"/> | Other: (list below)<br>Limited Liability Company (LLC) | ORS 63    |

**Converting to:** (new domicile and entity type)

Choose 1 domicile (required)

|                                     |                               |
|-------------------------------------|-------------------------------|
| <input checked="" type="checkbox"/> | Domestic (Washington)         |
| <input type="checkbox"/>            | Foreign (list domicile below) |

Choose 1 entity type (required) Governing statute

|                                     |                                     |           |
|-------------------------------------|-------------------------------------|-----------|
| <input type="checkbox"/>            | Profit Corporation                  | RCW 23.B  |
| <input checked="" type="checkbox"/> | Limited Liability Company (LLC)     | RCW 25.15 |
| <input type="checkbox"/>            | Limited Partnership (LP or LLLP)    | RCW 25.10 |
| <input type="checkbox"/>            | Limited Liability Partnership (LLP) | RCW 25.05 |
| <input type="checkbox"/>            | unincorporated entity               |           |
| <input type="checkbox"/>            | Other: (list below)                 |           |

- Current name of entity: NPM Franchising, LLC
- UBI# (if available): 603-152-440
- Name of new entity: NPM Franchising, LLC (no name change)
- Date conversion is to be effective: January 1, 2017 (or upon filing by the Secretary of State if early date not acceptable)
- Street and mailing address for service of process if converted organization is foreign: \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Postal Code \_\_\_\_\_

\* Attach required documents per RCW \_\_\_\_\_ Articles of Conversion are attached.

DocuSigned by:  
 X Michael Seitz  
 Signature Printed Name Title Date Phone Number  
 Michael Seitz CEO 2/9/2017 503-208-1004