# CH \$40.00 5659

### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM509957

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
PeopleFacts, Inc.		02/01/2018	Corporation: DELAWARE

### **RECEIVING PARTY DATA**

Name:	PeopleFacts, LLC
Street Address:	1980 Festival Plaza Drive, Suite 930
City:	Las Vegas
State/Country:	NEVADA
Postal Code:	89135
Entity Type:	Limited Liability Company: DELAWARE

### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	5659447	PF PEOPLEFACTS

### **CORRESPONDENCE DATA**

**Fax Number:** 9494754754

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:** 949-451-3800

**Email:** skann@gibsondunn.com

Correspondent Name: Stephanie Kann
Address Line 1: 3161 Michelson Drive

Address Line 2: Gibson, Dunn & Crutcher LLP Address Line 4: Irvine, CALIFORNIA 92612

ATTORNEY DOCKET NUMBER:	91404-00003
NAME OF SUBMITTER:	Stephanie Kann
SIGNATURE:	/stephanie kann/
DATE SIGNED:	02/13/2019

#### **Total Attachments: 8**

source=PeopleFactsConversion#page1.tif source=PeopleFactsConversion#page2.tif source=PeopleFactsConversion#page3.tif source=PeopleFactsConversion#page4.tif





DATE 02/02/2018 DOCUMENT ID 201803301094

DESCRIPTION
Conversion Within SOS Records (CVS)

FILING 99.00 100.00

CERT COPY

Receipt

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

CORPORATION SERVICE COMPANY DEANNE E. SCHAUSEIL 50 W. BROAD STREET, SUITE 1330 COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 2438066

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

PEOPLEFACTS, LLC

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

Document(s)

Document No(s):

Effective Date: 02/01/2018

12

**Conversion Within SOS Records** 

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

201803301094



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 2nd day of February, A.D. 2018.

Jon Hustel

**Ohio Secretary of State** 



CHECK ON VONE (A) DOV

Form 700 Prescribed by:

#### JON HUSTED OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453) Cantral Ohio: (814) 468-3910

www.OhloSecretaryofStele.gov bussers@OhloSecretaryofStele.gov

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

Mail this form to one of the following:

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

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

P.O. Box 1390 Cetumbus, OH 43318

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

Filing Fee: \$99 Form Must Be Typed

Secretary of State	e Records of the Ohlo	(2) Converting ( Secretary of (187-VXX)	Off The Records of the Ohio. State	20185
lame of the converting entity	PeopleFacts, Inc.			
rame of the converting entity	r copier acia; mo.			السية د د
urisdiction of Formation	DE			
Charter/Registration Number	2438066			5
e converting entity is a: leck Only (1) One Box)				
Domestic Corporation (For-P	rofit or Nonprofit)	☐Partnership		
Foreign Corporation (For-Pro	offt or Nonprofit)	☐Domestic Limited I	Partnership	
Domestic Nonprofit Limited L	lability Company	☐Foreign Limited Pa	artnership	
Foreign Nonprofit Limited Lis	ability Company	Domestic Limited	Liability Partnership	
Domestic For-Profit Limited I	Liability Company	☐Foreign Limited Li	ability Partnership	
Foreign For-Profit Limited Lie	ability Company			

Form 700

Page 1 of 5

Name of the converted entity	PeopleFacts, LLC			
Jurisdiction of Formation	DE			
e converted entity is a:		•		
heck Only (1) One Box)				t ,
Domestic Corporation (For-	Profit)	□Partnership		
Foreign Corporation (For-Pr	rofit or Nonprofit)	☐Domestic Lir	mited Partnership	
Domestic Nonprofit Limited	Liability Company	☐Foreign Limi	ited Partnership	
☐Foreign Nonprofit Limited Li	lability Company	☐Domestic Li	mited Liability Par	tnership
Domestic For-Profit Limited	Liability Company	☐Foreign Limi	ited Liability Partn	ership
☑Foreign For-Profit Limited L	lability Company			
ective Date upon filing	1 '	effective upon the filing	of this certificate or	on a latér date
ptional) [updit ming	specified in the cer	rtificate)		
me and address of the persor	n or entity that will provid	e a copy of the declar	ration of conversion	on upon written
quest.				
Jennifer Boyd-Tolf	:			
Name				
1980 Festival Plaza Drive, S	Suite 930			
Mailing Address		:		
Las Vegas			NV	89135
City			State	Zip Code
and the formation that war		an cartificate if hav	2 is shooked	
quired information that mus	st accompany conversi	on certificate if box	Z is cilecked	
ha conjunting antify is a dame	estle or foreign entity that pon whom any process,	will not be licensed in notice or demand ma	n Ohlo, provide th y be served.	e name and
dress of the statutory agent up				
dress of the statutory agent up  Corporation Service Compa	any			
dress of the statutory agent up	any			
dress of the statutory agent up Corporation Service Compa	any			
dress of the statutory agent up Corporation Service Compa	any			
Corporation Service Compa Name of Statutory Agent	any		Ohío	
Corporation Service Compa Name of Statutory Agent	any		Ohio State	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address	any		l	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address	any		l	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address	any		l	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address	any		l	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address City	I filing requirements if		l	Zip Code
Corporation Service Compa Name of Statutory Agent Mailing Address  City  Le Instructions for additiona (1) the conversion cres		ntity,	State	

Form 700

Page 2 of 5

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.	Signature Signature
	By (if applicable)
	Alan W. Faigin, General Counsel/Secretary
	Print Name
	Signature
	By (if applicable)
	Print Name
	Signature
	By (if applicable)
	Print Name

Page 3 of 5

Complete the information in this section.

Peo	pleFacts, Inc.		
	Nam	e of Corporation	in the second of the second of
ne undersigned, being first duly	sworn, declares that on t	he dates indicated below, each of	the named state governmental
encles was advised IN WRITI	VG of the scheduled date	of filing of the Certificate and was	advised in WRITING of the
knowledgement by the corpora	ation of the applicability of	the provisions of section 1701.95	of the ORC.
gency	Date Notified	Agency	Date Notified
hio Bureau of Workers'	1.7.	Ohio Job & Family Services	11:118
ompensation	n/a	Status and Liability Section	111110
) W. Spring Street	,	Data Correspondence Control	
olumbus, Ohio 43215		Fax: 614-752-4811	
		Phone: 614-466-2319	
Only required for domestic for-p	rofit corporations	Overnight:	Regular:
	*	P.O. Box 182413	P.O. Box 182413
		Columbus, OH 43218-2413	Columbus, OH 43218-2413
	1 1 1 1 1 1 1		
gency	Date Notified	1	
hin Donastmant of Tavaties	1111118	The corporation is no	ot required to pay or the
nio Department of Taxation expayer Services Division/Tax		department of taxation	on has not assessed any
	Ezoloase Offic	personal property tax	
O Box 182382		Farsairan Brahara) am	
olumbus, OH 43218-2382			
issolution@tax.state.oh.us			•
Complete this date notified field on			
domestic non-profit corporation or	foreign corporation.		
ee* note below)			
*Note: Domestic for-profit corpore			sued by the Ohio Department of Taxat
*Note: Domestic for-profit corpore		filing a Certificate of Tex Clearance is	
*Note: Domestic for-profit corpore		ns executing the certificate or by a	
*Note: Domestic for-profit corpore  ote: This affidaylt must be sign  Signature		ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpore  ote: This affidayit must be sign		ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora ote: This affidavit must be sign Signature  Alan W. Faigin Name	ed by one or more person	ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name	ed by one or more person	ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name	ed by one or more person	ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su	ed by one or more person	ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Malling Address  Las Vegas	ed by one or more person	ns executing the certificate or by a	an officer of the corporation.
*Note: Domestic for-profit corpora ote: This affidavit must be sign Signature  Alan W. Falgin Name  1980 Festival Plaza Drive, Su Mailing Address	ed by one or more person	ns executing the certificate or by a	an officer of the corporation. ral Counsel/Secretary
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City	ed by one or more person	Title Gener	an officer of the corporation. ral Counsel/Secretary
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City	lte 930	ns executing the certificate or by a	an officer of the corporation. ral Counsel/Secretary
Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my t	ed by one or more person  Lite 930  Date	Title Gener	an officer of the corporation. ral Counsel/Secretary
Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my particular at the state of Nev	lte 930	Title Gener	an officer of the corporation.  ral Counsel/Secretary    B9135  Zip Code
Note: Domestic for-profit corporation of the corpor	lte 930	Title Gener	an officer of the corporation.  ral Counsel/Secretary   89135  Zip Code
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my particular of Nev	lte 930  Date  Oresence on Date	Title Gener	B9135 Zip Code
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my postery Public-state of Nev	lte 930	Title Gener	an officer of the corporation.  ral Counsel/Secretary   89135  Zip Code
*Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Falgin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my I	lte 930  Date  Oresence on Date	Title Gener	an officer of the corporation.  ral Counsel/Secretary   89135  Zip Code  rilssion es  Lo [15/14]  Date
Note: Domestic for-profit corpora  ote: This affidavit must be sign  Signature  Alan W. Faigin  Name  1980 Festival Plaza Drive, Su  Mailing Address  Las Vegas  City  worn to and subscribed in my postery Public-state of Nev	lte 930  Date  Notary Public	Title Gener	B9135 Zip Code

**AFFIDAVIT** 

### AFFIDAVIT OF PERSONAL PROPERTY

pro-dep	
State of Nevada	
County of Clark	
Alan W. Faigin	
Name of Officer	
General Counsel/Secretary of PeopleFacts, Inc.	
Title of Officer Name of Corporation	
and that this affidavit is made in compliance with Section 1703.17(C)(4).	
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 (les)	40.
	_
Signature: always Title: General Coursel Sec	]
Sworn to and subscribed in my presence on Date 1118	
Seal	
JENNIFER L TOLF Notary Public-State of Nevada APPT, No. 03-81671-1 My App. Expires June 15, 2019 Notary Public	
Expiration date of Notary Public's Commission  Date     USIG	

Form 700

Page 5 of 5



Form 533B Prescribed by:

### JON HUSTED OHIO SECRETARY OF STATE

Toll Free: (877) SCS-File. (877-767-3453) Central Offic: (614) 468-3910

www.OhioSacraleryolState.gov busserv@OhloSecretaryofSlate.gov

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

Mail this form to one of the following:

Regular Pling (non expedite) P.O. Box 670 Columbus, OH 43216

Expedito Filing (Two business day processing lime, Requires an additional \$100.00)

Getambus, OH 49216

RECEIVED

1 2018

TARY OF STATI

### Registration of a Foreign **Limited Liability Company**

Filing Fee: \$99 Form Must Be Typed

	CHECK	ONLY	ONE (	1	) B	OX
--	-------	------	-------	---	-----	----

Liability Company (106-LFA)

(1) Registration of a Foreign For-Profit Limited

	Registration o Limited Liabili (106-LFA) ORC 1705		profiț <sup>e</sup>	
Jurisc	liction of Form	nation [		
Date	of Formation			

Jurisdiction of Formation  Date of Formation  Date of Formation  Name of Limited Liability Company in its jurisdiction of formation  PeopleFacts, LLC  Name under which the foreign limited liability company desires to transact business in Ohio (if different from its namurisdiction of formation) is:  Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "itd.," or "itd."  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:  Jennifer Boyd-Tolf  Name	
Name of Limited Liability Company in its jurisdiction of formation  PeopleFacts, LLC  Name under which the foreign limited liability company desires to transact business in Ohio (if different from its namurisdiction of formation) is:  Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "itd.," or "itd"  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:	
PeopleFacts, LLC  Name under which the foreign limited liability company desires to transact business in Ohio (if different from its namurisdiction of formation) is:  Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Itd.," or "Itd"  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 under which the foreign limited liability company desires to transact business in Ohio (if different from its name unisdiction of formation) is:  Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "itd.," or "itd"  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 must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C," "itd.," or "itd"  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	
	لسد
1980 Festival Plaza Drive, Suite 930	
Mailing Address	<del></del> .
Las Vegas NV 89135	7
City State ZIP Code	

Form 533B

Page 1 of 2

Last Revised: 9/24/2015

Name    So West Broad Street, Suite 1330	Corporation Service Company		·		]	
Mailing Address  Columbus  City  State  ZIP Code  Intellimited liability company irrevocably consents to service of process on the agent listed above as long as eatherity 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 lists the signed by an ultrorized representative.  authorized representative an individual, then they was and print their name to be business entity, not an dividual, then please print the business entity is the print Name  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  Signature  Signature  Signature  Signature  Signature  Signature  By (if applicable)	Name					
Columbus  City  State  ZIP Code  In 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 or b. an agent is appointed 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  ust be signed by an uthorized representative an individual, then they ust sign in the "signature" box and print their name the "Print Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  Signature  Signature  Signature  Signature  By (if applicable)	50 West Broad Street, Suite 133	0				
City State ZIP Code  The limited liability company irrevocably consents to service of process on the agent listed above as long as e 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 us to signed by an authorized representative an individual, then they ust sign in the "signature" box, and print their name the "Print Name" box.  authorized representative a business entity, not an dividual, then please print business name in the ignature box, an applicative the business entity is ust sign in the "By" box and print their name in the Print Name" box.  By (if applicable)  Signature  Signature	Mailing Address	· ·				
the limited liability company irrevocably consents to service of process on the agent listed above as long as eauthority 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.  equilired ust be signed by an uthorized representative. authorized representative. authorized representative a business entity, not an addividual, then please print the business ansme in the eignature' box, an uthorized representative the business ansme in the eignature' box, an uthorized representative the business entity name in the Print Name  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)	Columbus		Ohio	43215	7	
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 ust be signed by an uthorized representative. authorized representative an individual, then they ust sign in the "signature" ox and print their name the "Print Name"  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  By (if applicable)  Signature  By (if applicable)	City		State	ZIP Code		
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 ust be signed by an uthorized representative. authorized representative an individual, then they ust sign in the "signature" ox and print their name the "Print Name"  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  By (if applicable)  Signature  By (if applicable)				:		
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 is the requisite authority to execute this document.  equired ust be signed by an althorized representative.  authorized representative an individual, then they ust sign in the "signature" ox and print their name the "Print Name" box.  authorized representative abusiness entity, not an dividual, then please print e business name in the ginature tox, an applicative the business entity ust sign in the "By" box and print their name in the rint Name hox.  By (if applicable)  Signature  By (if applicable)  Signature  Signature  By (if applicable)  Signature  By (if applicable)	N N N 1000	11 Comments	and the same of Baland	-1		
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 is the requisite authority to execute this document.  squired ust be signed by an althorized representative.  authorized representative an individual, then they ust sign in the "signature" bit and print their name the "Print Name" box.  authorized representative a business entity, not an dividual, then please print business entity bust sign in the "By" box and print their name in the rint Name" box.  By (if applicable)  Signature  By (if applicable)  Signature  Signature  By (if applicable)	e limited liability company irrevoc a authority of the agent continues	ably consents to service of proce and to service of process upon t	iss on the agent listed the Ohio Secretary of	anove as long as State if:		
b. an agent is 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 the 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 althorized representative.  authorized representative an individual, then they ust sign in the "Signature" box.  By (if applicable)  Alan W. Faigln, General Counsel/Secretary  Print Name    Signature   Signature   Signature		•				
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 ust be signed by an ulthorized representative.  authorized representative an individual, then they ust sign in the "signature" ox and print their name the "Print Name" box.  authorized representative a business entity, not an dividual, then please print e business entity box, an ulthorized representative it 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)  Signature  By (if applicable)  Signature  By (if applicable)	a. an agent is	not appointed, or	as samuas bandibas an unid	etrad an		
y signing and submitting this form to the Ohio Secretary of State, the undersigned hereby cartifies that he or she as the requisite authority to execute this document.  equired ust be signed by an authorized representative.  authorized representative an individual, then they ust sign in the "signature" box. and print their name the "Print Name" box.  authorized representative a business entity, not an dividual, then please print the business name in the ignature" box, an uthorized representative the business entity ust sign in the "By" box and print their name in the rint Name in the Print Name  By (if applicable)						
authorized representative authorized representative an individual, then they ust sign in the "signature" ox and print their name the "Print Name" box.  authorized representative a business entity, not an dividual, then please print e business entity ingusture" box, an uthorized representative ingusture" box, an other please print e business entity insute sign in the "By" box and print their name in the Print Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)	c. the agent of	attinot be locilid of get Aed affer in	O BAGICISO DI TOGODITO	no ungenee.		
authorized representative an individual, then they ust sign in the "Frint Name" box.  authorized representative a business entity, not an dividual, then please print e business entity box, an otherized representative ithe business entity box and print their name in the "grint Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  Signature  Signature  Signature  Signature  Signature  By (if applicable)  Signature  Signature  Signature  Signature  By (if applicable)  Signature  By (if applicable)						
authorized representative an individual, then they ust sign in the "Print Name" box.  authorized representative a business entity, not an dividual, then please print e business entity box, an other into mame in the "grature" box, an other into mame in the "print Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)	signing and submitting this form	to the Ohlo Secretary of State, th	e undersigned hereby	certifies that he or she		
ust be signed by an ithorized representative.  authorized representative an individual, then they ust sign in the "signature" box. authorized representative a business entity, not an dividual, then please print e business name in the gnature" box, an ithorized representative the business entity ust sign in the "By" box ad print their name in the rrint Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  Signature  By (if applicable)  By (if applicable)  By (if applicable)	is the requisite authority to execut	le this document.			•	
sust be signed by an thorized representative.  authorized representative an individual, then they set sign in the "signature" to a business entity, not an silvidual, then please print a business name in the gnature" box, an ithorized representative the business entity test sign in the "By" box ad print their name in the rrint Name" box.  By (if applicable)  Alan W. Faigin, General Counsel/Secretary  Print Name  Signature  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)		-0	_			
thorized representative.  authorized representative an individual, then they sist sign in the "signature" ax and print their name the "Print Name" box.  authorized representative as business entity, not an invidual, then please print a business name in the gnature" box, an illustrative the business entity sist sign in the "By" box d print their name in the rint Name" box.  By (if applicable)		July W ton				
By (if applicable)  By (if applicable)  By (if applicable)  Alan W. Faigln, General Counsel/Secretary  Alan W. Faigln, General Counsel/Secretary  Print Name  Alan W. Faigln, General Counsel/Secretary  Print Name  Suthorized representative a business entity, not an lividual, then please print a business name in the gnature" box, an thorized representative the business entity sist sign in the "By" box d print their name in the rint Name" box.  By (if applicable)  By (if applicable)  By (if applicable)  By (if applicable)		Cignatore 3	·····			
Alan W. Faigin, General Counsel/Secretary  Alan W. Faigin, General Counsel/Secretary  Alan W. Faigin, General Counsel/Secretary  Print Name  Print Name  Print Name  Alan W. Faigin, General Counsel/Secretary  Print Name  Print Name  Print Name  Signature  By (If applicable)  Signature  By (If applicable)  Signature  By (If applicable)	ilius izeu representative.					
an individual, then they set sign in the "signature" x and print their name the "Print Name" box.  Buthorized representative a business entity, not an sidvidual, then please print a business name in the grature" box, an ithorized representative the business entity set sign in the "By" box do print their name in the rint Name" box.  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)  Signature	authorized representative	By (if applicable)				
x and print their name the "Print Name" box.  Print Name  Signature  Signature  By (if applicable)  Print Name  Signature  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)  Signature  By (if applicable)  Signature	an individual, then they	by (in approauto)		- English of the Control of the Cont		
the "Print Name" box.  Print Name  Signature  Signature  By (if applicable)  Print Name  By (if applicable)  Signature	ust sign in the "signature"	Alan W. Faigln, General Co	ounsel/Secretary			
authorized representative a business entity, not an dividual, then please print e business name in the ignature" box, an ithorized representative the business entity ust sign in the "By" box and print their name in the rrint Name" box.  By (if applicable)  Signature  By (if applicable)  Signature  Signature  By (if applicable)  Signature	x and print their name	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<del></del>			
a business entity, not an dividual, then please print e business name in the grature" box, an otherized representative the business entity sust sign in the "By" box and print their name in the rint Name" box.  By (if applicable)  Print Name  Signature  By (if applicable)  Signature  By (if applicable)	the "Print Name" box.	Print Name				
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 rint Name" box.  By (if applicable)  Print Name  Signature  By (if applicable)  Signature  By (if applicable)  Signature	authorized representative	·				
dividual, then please print a business name in the agnature" box, an althorized representative the business entity uset sign in the "By" box and print their name in the arint Name" box.  By (if applicable)  Print Name  Signature  By (if applicable)  Signature  Signature  By (if applicable)	a business entity, not an		•			
Ignature" box, an other presentative the business entity ust sign in the "By" box and print their name in the print Name    Signature    Signature    By (if applicable)    Print Name    Signature    By (if applicable)	dividual, then please print	Signature				
the business entity ust sign in the "By" box ad print their name in the rint Name" box.  Signature  By (if applicable)  Print Name  Signature  By (if applicable)			<u> </u>			
the business entity ust sign in the "By" box and print their name in the rint Name" box.  Print Name  Signature  By (if applicable)						
sign in the "By" box and print their name in the rint Name" box.  Print Name  Signature  By (if applicable)		By (if applicable)				
signature  By (if applicable)				· · · · · · · · · · · · · · · · · · ·		
Signature  By (if applicable)	d print their name in the					
By (if applicable)	rint Name" box.	Print Name				
By (If applicable)				·		
By (if applicable)			······································			
By (if applicable)						
		Signature				
	*					
		By (if applicable)				
Print Name		ny (ii obbiioone)		· · · · · · · · · · · · · · · · · · ·		
Print Name	A 100 miles					
Fint Name		Drint Nama	andrine and the state of the second s	<u> </u>		
		FILITARINE				

TRADEMARK REEL: 006561 FRAME: 0317

**RECORDED: 02/13/2019**