

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM532290

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Prime Equipment Group, Inc.		05/30/2019	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Prime Equipment Group, LLC		
Street Address:	2000 East Fulton Street		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43205		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3562318	P	
Serial Number:	88337687	YIELD KING	
Serial Number:	88337671	SMART LABOR	
CORRESPONDENCE DATA			
Fax Number:	2062240779		
<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>			
Phone:	2066828100		
Email:	efiling@cojk.com		
Correspondent Name:	Melissa A. Nowak		
Address Line 1:	1201 Third Avenue, Suite 3600		
Address Line 4:	Seattle, WASHINGTON 98101		
NAME OF SUBMITTER:	Melissa A. Nowak		
SIGNATURE:	/Melissa A. Nowak/		
DATE SIGNED:	07/17/2019		
Total Attachments: 10			
source=54645_Prime Equipment, Inc._OH Secretary of State Record_20190530 Conversion#page1.tif			
source=54645_Prime Equipment, Inc._OH Secretary of State Record_20190530 Conversion#page2.tif			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/30/2019	201915000822	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

ONDA, LABUHN, RANKIN & BOGGS, LPA
35 N. FOURTH STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
834078**

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

PRIME EQUIPMENT GROUP, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 05/30/2019

Document No(s):

201915000822

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



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 May, A.D. 2019.

Ohio Secretary of State

Form 700 Prescribed by:

OFFICE OF THE
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

**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) **Converting Within The Records of the Ohio Secretary of State**

(2) **Converting Off The Records of the Ohio Secretary of State (187-VXX)**

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

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

- | | |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Corporation | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign For-Profit Corporation | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company | |
| <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

Prime Equipment Group, LLC

Jurisdiction of Formation

Ohio

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

Domestic For-Profit Corporation

Domestic Professional Association

If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

[Empty box for number of shares]

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

Domestic Nonprofit Limited Liability Company

Foreign Nonprofit Limited Liability Company

Domestic For-Profit Limited Liability Company

Foreign For-Profit Limited Liability Company

Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

Effective Date
(Optional)

MM/DD/YYYY

(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.

Mary E. Zoldak, Esq.

Name

35 N. Fourth St.

Mailing Address

Columbus

City

Ohio

State

43215

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.

[Empty box for Name of Statutory Agent]

Name of Statutory Agent

[Empty box for Mailing Address]

Mailing Address

[Empty box for City]

City

OH

State

[Empty box for ZIP Code]

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.

TRADEMARK

REEL: 006699 FRAME: 0598

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.

Mary E. Zoldak, Esq.

Signature

Authorized Representative

By (if applicable)

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.

Prime Equipment Group, 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.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p style="text-align: right;">Date Notified (MM/DD/YYYY) 05/21/2019</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4611 Phone: 614-466-2319</p> <p style="text-align: right;">Date Notified (MM/DD/YYYY) 05/21/2019</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p style="text-align: right;">Date Notified (MM/DD/YYYY) 05/21/2019</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

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

Signature  Title Authorized Representative

Name Mary E. Zoldak, Esq.

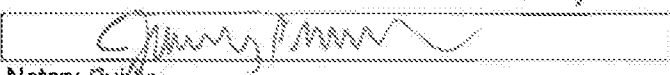
Mailing Address 35 N. Fourth St.

City Columbus State Ohio ZIP Code 43215

Seal JOHN PSMITH and subscribed in my presence on this date (MM/DD/YYYY) 5/30/19



JOHN PSMITH
Attorney at Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has No Expiration Date
Section 157.03, D.R.C.


Notary Public

Date Commission Expires (MM/DD/YYYY) N/A

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

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)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



MARY E. ZOLDAK
Attorney at Law
NOTARY PUBLIC
STATE OF OHIO
My Commission Has
No Expiration Date
Section 147.03 O.R.C.

Notary Public

Date Commission Expires (MM/DD/YYYY)

Form 533A Prescribed by:

OFFICE OF THE
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
 For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
 Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

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

Optional: Effective Date (MM/DD/YYYY)

(The legal existence of the corporation begins upon the
filing of the articles or on a later date specified that is not
more than ninety days after filing.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

TRADEMARK

REEL: 006699 FRAME: 0603

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Prime Equipment Group, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

OLR Biz Agency, Inc.

(Name of Statutory Agent)

35 N. Fourth St.

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43215

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned,

OLR Biz Agency, Inc.

(Name of Statutory Agent)

, named herein as the

Statutory agent for

Prime Equipment Group, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature

Robert J. Onda, Secretary of OLR Biz Agency, Inc.

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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

Articles and original appointment of agent must be signed by a member, manager or other representative.

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

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

Mary E. Zoldak, Esq.

Signature

Authorized Representative

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name