

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM532654

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		MERGER	
EFFECTIVE DATE:		06/13/2019	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
NMH ACQUISITION LLC		06/13/2019	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	CIRCA RESORTS LLC		
Street Address:	1 Freemont Street		
City:	Las Vegas		
State/Country:	NEVADA		
Postal Code:	89101		
Entity Type:	LLC; NEVADA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	87960443	CIRCA	
CORRESPONDENCE DATA			
Fax Number:	844-670-60		
<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:	202-659-6927		
Email:	JSlocum@dickinsonwright.com		
Correspondent Name:	Jenny T. Slocum		
Address Line 1:	1825 Eye St. N.W.		
Address Line 2:	Suite 900		
Address Line 4:	Washington, D.C. 20006		
NAME OF SUBMITTER:	Jenny T. Slocum		
SIGNATURE:	/Jenny T. Slocum/		
DATE SIGNED:	07/19/2019		
Total Attachments: 3			
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

JUN 14 2019

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(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name

Tom Munzenberger (c/o Dickinson Wright PLLC)

Address

500 Woodward Ave. Suite 4000

City

Detroit

State

MI

ZIP Code

48226

EFFECTIVE DATE:

FILED

JUN 17 2019

ADMINISTRATOR
CORPORATIONS DIVISION

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

CERTIFICATE OF MERGER

For use by Limited Liability Companies

(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate of Merger:

1. The name of each constituent limited liability company and their identification numbers are:

NMH ACQUISITION LLC

802197952

CIRCA RESORTS LLC

2. The name of the surviving limited liability company and its identification number is:

CIRCA RESORTS LLC

3. Check one of the following:

There are no changes to be made to the Articles of Organization of the surviving limited liability company.

The amendments to the Articles, or a restatement of the Articles, of the surviving limited liability company to be effected by the merger are as follows:

#100 ~~NH~~ 486421 BTF 1901987



4. Other provisions with respect to the merger are as follows:

5. Complete only if an effective date is desired other than the date of filing. This date must be no more than 90 days after receipt of this document in this office.

The merger shall be effective on the _____ day of _____, _____.

6. The Plan of Merger was approved by the members of each constituent limited liability company in accordance with section 702(1).

7. The merger is permitted by the law of the jurisdiction under whose law each foreign constituent company is organized and each foreign constituent company has complied with that law in effecting the merger.

8. The assumed names being transferred to continue for the remaining effective period of the Certificate of Assumed Name on file prior to the merger are:

Assumed name

LLC transferred from

Expiration date

9. Nonsurvivor name as new assumed names under which business is to be conducted are:

This Certificate is hereby signed as required by Section 103 of the Act.

Signed this 13th day of June, 2019

NMH ACQUISITION LLC

(Name of Limited Liability Company)

By 
(Signature of Member, Manager or Authorized Agent)

DEREK J. STEVENS, AUTHORIZED AGENT

(Type or Print Name and capacity)

Signed this 13th day of June, 2019

CIRCA RESORTS LLC

(Name of Limited Liability Company)

By 
(Signature of Member, Manager or Authorized Agent)

DEREK J. STEVENS, AUTHORIZED AGENT

(Type or Print Name and capacity)

TRADEMARK

REEL: 006703 FRAME: 0844



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify that the annexed copy has been compared by me with the record on file in this Department and that the same is a true copy thereof.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19063689280

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 18th day of June , 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

RECORDED: 07/19/2019

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REEL: 006703 FRAME: 0845