

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM543898

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
CHEAPASS GAMES, LLC		06/04/2019	Corporation: WASHINGTON
Limited Liability Company			
RECEIVING PARTY DATA			
Name:	CRAB FRAGMENT LLC		
Doing Business As:	Cheapass Games, LLC		
Street Address:	5212 NE 60TH STREET		
City:	SEATTLE		
State/Country:	WASHINGTON		
Postal Code:	98115-7724		
Entity Type:	Limited Liability Company: WASHINGTON		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	87664390	RICOCHET POKER	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	trademarks@wnj.com		
Correspondent Name:	WARNER NORCROSS + JUDD LLP		
Address Line 1:	111 LYON ST NW		
Address Line 2:	Suite 900		
Address Line 4:	Grand Rapids, MICHIGAN 49503-2487		
ATTORNEY DOCKET NUMBER:	177052.177052		
NAME OF SUBMITTER:	Dustin Shunta		
SIGNATURE:	/Dustin Shunta/		
DATE SIGNED:	10/04/2019		
Total Attachments: 4			
source=87664390_ChangeOfName#page1.tif			
source=87664390_ChangeOfName#page2.tif			
source=87664390_ChangeOfName#page3.tif			
source=87664390_ChangeOfName#page4.tif			

OP \$40.00 87664390

UNITED STATES OF AMERICA

The State of  Washington
Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

CHEAPASS GAMES, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 3/10/2016

UBI Number: 603-594-428



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 3/10/2016

TRADEMARK

REEL: 006768 FRAME: 0980



Filed
Secretary of State
State of Washington
Date Filed: 06/04/2019
Effective Date: 06/04/2019
UBI #: 603 594 428

AMENDED CERTIFICATE OF FORMATION

BUSINESS INFORMATION

Business Name:

CRAB FRAGMENT LLC

UBI Number:

603 594 428

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

5212 NE 60TH ST, SEATTLE, WA, 98115-7724, UNITED STATES

Principal Office Mailing Address:

150 N MERAMEC AVE STE 400, SAINT LOUIS, MO, 63105-3753

Expiration Date:

03/31/2020

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

03/10/2016

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

BUSINESS NAME

Business Name:

CRAB FRAGMENT LLC

BUSINESS TYPE

Current Business Type:

WA LIMITED LIABILITY COMPANY

Amend Business Type:

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
CAROL MONAHAN	5212 NE 60TH ST, SEATTLE, WA, 98115-7724, UNITED STATES	5212 NE 60TH ST, SEATTLE, WA, 98115-7724, UNITED STATES

PRINCIPAL OFFICE

Phone:

206-853-4090

Email:

ROBESPIERRETTE@GMAIL.COM

Confirm Email:

ROBESPIERRETTE@GMAIL.COM

Street Address:

5212 NE 60TH ST, SEATTLE, WA, 98115-7724, UNITED STATES

Mailing Address:

150 N MERAMEC AVE STE 400, SAINT LOUIS, MO, 63105-3753, UNITED STATES

DURATION

Duration:

PERPETUAL

EFFECTIVE DATE

Effective Date:

06/04/2019

RETURN ADDRESS FOR THIS FILING

Attention:

JENKINS & KLING, P.C.

Email:

JBEASLEY@JENKINSKLING.COM

Address:

150 N MERAMEC AVE STE 400, SAINT LOUIS, MO, 63105-3753, UNITED STATES

UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
PREPARED AMENDMENT	ONLINE	JENKINS	05/31/2019

UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
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No Value Found.

EMAIL OPT-IN

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

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This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2019053100285466 - 1

Received Date: 05/31/2019

TRADEMARK Payment Received: \$50.00

REEL: 006768 FRAME: 0982

AUTHORIZED PERSON - STAFF CONSOLE

Document is signed.

Person Type:
INDIVIDUAL

First Name:
CAROL

Last Name:
MONAHAN

Title:
MANAGER