

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM567724

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Thorntons Inc.		02/11/2019	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	Thorntons LLC		
Street Address:	2600 James Thornton Way		
City:	Louisville		
State/Country:	KENTUCKY		
Postal Code:	40245		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 16			
Property Type	Number	Word Mark	
Registration Number:	5324962	REAL KITCHEN. REAL FOOD.	
Registration Number:	5143427	UNLEADED15	
Registration Number:	5215480	UNLEADED15	
Registration Number:	4650389	REFRESHING REWARDS	
Registration Number:	5088387	UNLEADED15	
Registration Number:	5017293	SWIPE TO SAVE	
Registration Number:	4779317	SWIPE & SCORE SWEEPSTAKES	
Registration Number:	4285650	FIZZFREEZ	
Registration Number:	4467614	EREV XCELLERATE	
Registration Number:	4209651	FROSTICK	
Registration Number:	3940651	FREEQUENCY REWARDS	
Registration Number:	2989206	THORNTONS FLEETWORKS	
Registration Number:	2917303	THORNTONS	
Registration Number:	2848595	FUNDWORKS	
Registration Number:	2765249	T	
Registration Number:	1258180	THORNTONS	
CORRESPONDENCE DATA			
Fax Number:	5025890309		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i>			
TRADEMARK			

OP \$415.00 5324962

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 5025895235
Email: mwilliams@wyattfirm.com
Correspondent Name: Matthew A. Williams
Address Line 1: 400 West Market St.
Address Line 2: Suite 2000
Address Line 4: Louisville, KENTUCKY 40202

NAME OF SUBMITTER:	Matthew A. Williams
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SIGNATURE:	/Matthew A. Williams/
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DATE SIGNED:	03/18/2020
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Total Attachments: 2

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amcray
AMDAlison Lundergan Grimes
Kentucky Secretary of State
Received and Filed:
2/11/2019 3:17 PM
Fee Receipt: \$40.00

COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718, Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

**Amended Certificate of Authority
(Foreign Business Entity)**

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is:
- | | |
|---|---|
| <input checked="" type="checkbox"/> profit corporation (KRS 271B) | <input type="checkbox"/> nonprofit corporation (KRS 273). |
| <input type="checkbox"/> professional service corporation (KRS 274). | <input type="checkbox"/> business trust (KRS 386). |
| <input type="checkbox"/> limited liability company (KRS 275). | <input type="checkbox"/> limited partnership (KRS 362). |
| <input type="checkbox"/> professional limited liability company (KRS 275) | <input type="checkbox"/> statutory trust (KRS 386) |
| <input type="checkbox"/> limited cooperative association | <input type="checkbox"/> non-profit LLC (KRS 275). |
| <input type="checkbox"/> cooperative association | |

2. The name of the company is: THORNTONS INC.
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of DELAWARE.

4. The entity received authority to transact business in Kentucky on DECEMBER 14, 1971.

5. The entity has changed its (check all that apply)

- Domicile name to THORNTONS LLC
- Name to be used in Kentucky to _____
- Jurisdiction of organization to _____
- Period of duration _____
- Form of organization LIMITED LIABILITY COMPANY
- Management type: Member managed Manager managed

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____
(Delayed effective date and/or time)

Please indicate the county in which your business operates:

County: JEFFERSON

To complete the following, please shade the box completely.

Please indicate the size of your business:

- Small (Fewer than 50 employees)
 Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:

- Women-Owned Veteran Owned Minority Owned

Please indicate which of the following best describes your business:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input checked="" type="checkbox"/> Other | | | |

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Susan Zaur SUSAN ZAUR PRESIDENT 2/11/19
Signature of Authorized Representative Printed Name Title Date

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THORNTONS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



776093 8300

SR# 20190884630

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202236161

Date: 02-11-19

RECORDED: 03/18/2020

TRADEMARK
REEL: 006902 FRAME: 0423