

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM618131

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
USA INSULATION FRANCHISE CORPORATION		12/17/2020	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	USA INSULATION FRANCHISE, LLC		
<b>Street Address:</b>	17700 St. Clair Avenue,		
<b>City:</b>	Cleveland		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44110		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 7</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88136242	USA PREMIUM SPRAY FOAM USA INSULATION	
<b>Serial Number:</b>	88136239	USA PREMIUM INJECTION FOAM USA INSULATIO	
<b>Serial Number:</b>	87743797	FOAM ZONE	
<b>Serial Number:</b>	85326037	USA PREMIUM FOAM INSULATION	
<b>Serial Number:</b>	77700127	USA INSULATION COMFORT. SAVINGS. ENERGY	
<b>Serial Number:</b>	77700076	USA INSULATION COMFORT. SAVINGS. ENERGY	
<b>Serial Number:</b>	77383315	USA INSULATION	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Phone:</b>	2165867005		
<b>Email:</b>	kabarrett@jonesday.com		
<b>Correspondent Name:</b>	Kerry A. Barrett		
<b>Address Line 1:</b>	901 Lakeside Avenue		
<b>Address Line 2:</b>	North Point		
<b>Address Line 4:</b>	Cleveland, OHIO 44114-1190		
<b>NAME OF SUBMITTER:</b>	Kerry A. Barrett		
<b>SIGNATURE:</b>	/Kerry A. Barrett/		

CH \$190.00 88136242

DATE SIGNED:	01/04/2021
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**Total Attachments: 10**

source=NAI\_1515522137\_1\_Certified Certificate of Conversion (IFC)#page1.tif  
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source=NAI\_1515522137\_1\_Certified Certificate of Conversion (IFC)#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/17/2020	202035201658	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

LEWIS BRISBOIS BISGAARD & SMITH, LLP  
1375 E. 9TH STREET  
SUITE 2250  
CLEVELAND, OH 44114

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**1609021**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**USA INSULATION FRANCHISE, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 12/17/2020

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

Document No(s):

**202035201658**

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  
17th day of December, A.D. 2020.

**Ohio Secretary of State**

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## 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

USA INSULATION FRANCHISE CORPORATION

Jurisdiction of Formation

Charter/Registration Number

1609021

The converting entity is a:

**(Check Only (1) One Box)**☐ Domestic Nonprofit Corporation☒ Domestic For-Profit Corporation☐ 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

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

USA INSULATION FRANCHISE, LLC

Jurisdiction of Formation

OHIO

The converted entity is a:

**(Check Only (1) One Box)**☐ Domestic For-Profit Corporation☐ Domestic Professional AssociationIf Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total 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.

Patrick J. Pitrone

Name

2701 Ashley Road

Mailing Address

Shaker Heights

City

Ohio

State

44122

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.

Name of Statutory Agent

Mailing Address

City

OH

State

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.

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.

Patrick J. Pitrone

Signature

Authorized Representative

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 533A Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov)[business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path:

## 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 **USA INSULATION FRANCHISE, LLC**(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. \*\*

**Original Appointment of Statutory Agent**

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

USA INSULATION FRANCHISE, 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:

PATRICK J. PITRONE

(Name of Statutory Agent)

2701 ASHLEY ROAD

(Mailing Address)

SHAKER HEIGHTS

(Mailing City)

OH

(Mailing State)

44122

(Mailing ZIP Code)

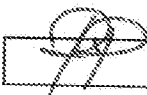
**Acceptance of Appointment**

The Undersigned, PATRICK J. PITRONE, named herein as the  
(Name of Statutory Agent)

Statutory agent for USA INSULATION FRANCHISE, LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature



(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**

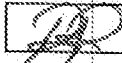
Articles and original appointment of agent must be signed by a member, manager or other representative.

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.

PATRICK J. PITRONE, PRESIDENT

Signature



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.

USA INSULATION FRANCHISE CORPORATION

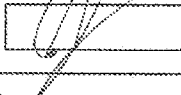
Name of Corporation

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.

<b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215  * Only required for domestic for-profit corporations	<b>Date Notified</b> (MM/DD/YYYY) <div>12/17/2020</div>	<b>Agency</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control <b>Fax:</b> 614-752-4811 <b>Phone:</b> 614-466-2319  <b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413  <b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413	<b>Date Notified</b> (MM/DD/YYYY) <div>12/17/2020</div>
<b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us  * 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.	<b>Date Notified</b> (MM/DD/YYYY) <div>Tax Clearance Attached</div>	The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.	

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

Signature



Title

Vice President/Secretary/Authorized Rep

Name

Aaron Jais

Mailing Address

2701 Ashley Road

Shaker Heights

City

Ohio

State

44122

ZIP Code

Seal



KALYN CHAPPLE  
 NOTARY PUBLIC  
 STATE OF OHIO  
 Comm. Expires  
 12-23-2023

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

12/14/20

Notary Public

Date Commission Expires (MM/DD/YYYY)

12-23-23

**AFFIDAVIT OF PERSONAL PROPERTY**State of County of   
Name of Officer  
Title of Officer

of

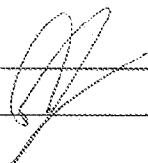
  
Name of Corporationand that this affidavit is made in compliance with Ohio Revised Code Section 

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



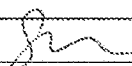
Title

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

Seal



KALYN CHAPPLE  
NOTARY PUBLIC  
STATE OF OHIO  
Comm. Expires  
12-23-2023

  
Notary Public
Date Commission Expires (MM/DD/YYYY)

TIME RECEIVED  
November 19, 2020 at 3:53:15 AM PST

REMOTE CSID

DURATION  
68PAGES  
1STATUS  
Received

Nov 19 2020 7:58AM HP Fax

page 1



PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov



CASEY DAVIS  
C/O LEWIS BRISBOIS BISGAARD & SMITH LLP  
1 GOJO PLAZA STE 310  
AKRON, OH 44311  
USA

November 18, 2020  
Contact ID: 9413220239

RE: Certificate of Tax Clearance  
Entity Name: Usa Insulation Franchise Corporation  
Ohio Charter # 01609021  
Certificate Issue Date: 11/18/2020

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

A handwritten signature in black ink, reading "Jeffrey A. McClain".

Jeffrey A. McClain  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-855-995-4422  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

Form Name: Tax Release Notice Response