

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM654426

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dead River Company		04/30/2021	Corporation: MAINE
RECEIVING PARTY DATA			
Name:	Dead River Company, LLC		
Street Address:	82 Running Hill Road, Suite 400		
City:	South Portland		
State/Country:	MAINE		
Postal Code:	04106		
Entity Type:	Limited Liability Company: MAINE		
PROPERTY NUMBERS Total: 8			
Property Type	Number	Word Mark	
Registration Number:	3854429	DELIVERING ON A PROMISE	
Registration Number:	2578535	DR DEAD RIVER COMPANY	
Registration Number:	2585244	DR DEAD RIVER COMPANY	
Registration Number:	2651670	DR DEAD RIVER COMPANY	
Registration Number:	2639128	DR DEAD RIVER COMPANY	
Registration Number:	2628057	DR DEAD RIVER COMPANY	
Registration Number:	6054181	HEAT ABLE	
Registration Number:	5951112	HEATABLE	
CORRESPONDENCE DATA			
Fax Number:	2023448300		
<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:	2023444976		
Email:	trademarkdocket@venable.com, cmitros@venable.com, rliebowitz@venable.com		
Correspondent Name:	Rebecca Liebowitz		
Address Line 1:	P.O. Box 34385		
Address Line 4:	Washington, D.C. 20043-9998		
ATTORNEY DOCKET NUMBER:	103704539781		
NAME OF SUBMITTER:	Catherine Mitros		

OP \$215.00 3854429

SIGNATURE:	/Catherine Mitros/
DATE SIGNED:	06/16/2021
Total Attachments: 3 source=DEAD RIVER ME Conversion#page1.tif source=DEAD RIVER ME Conversion#page3.tif source=DEAD RIVER ME Conversion#page4.tif	

DOMESTIC
BUSINESS CORPORATION

STATE OF MAINE

ARTICLES OF ENTITY CONVERSION

Dead River Company

(Name of Corporation Prior to Conversion)

File No. 20219926DC Pages 4
19830058 D
Fee Paid \$ 145
DCN 2211202220045 CVDB
FILED
04/30/2021


Deputy Secretary of State

A True Copy When Attested By Signature

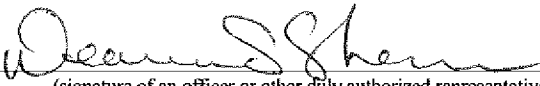
Deputy Secretary of State

Pursuant to 13-C MRSA §955.1, the undersigned corporation executes and delivers the following Articles of Entity Conversion:

- FIRST:** The name of the corporation is changed as follows (the name must satisfy the organic law of the surviving entity):
Dead River Company, LLC
- SECOND:** The type of unincorporated entity that the surviving entity will be: Limited Liability Company
- THIRD:** The plan of entity conversion was duly approved by the shareholders in the manner required by this Act and the corporation's articles of incorporation.
- FOURTH:** If the surviving entity is a filing entity, attached is Exhibit A which contains all the provisions required to be set forth in its public organic document with any other desired provisions that are permitted.

For a Domestic Limited Liability Company, attach form MLLC-6.
For a Domestic Limited Partnership, attach form MLPA-6-1.
- FIFTH:** The effective date of the articles of entity conversion (if other than the date of filing of the articles of entity conversion) is _____.

DATED April 30, 2021

*By 
(signature of an officer or other duly authorized representative)

Deanna S. Sherman, President and CEO
(type or print name and capacity)

*This document **MUST** be signed by an officer or other duly authorized representative. (13-C MRSA §955.1)

Please remit your payment made payable to the Maine Secretary of State.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MBCA-21 (1 of 1) Rev. 12/13/2013

TEL. (207) 624-7752

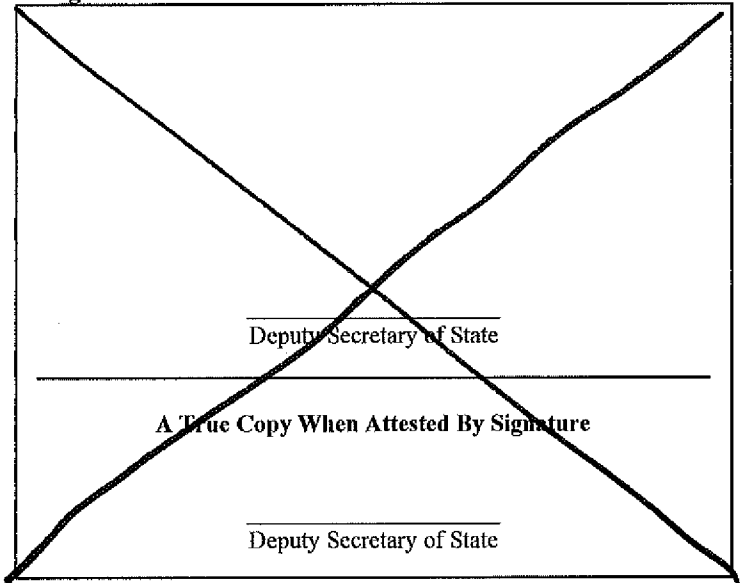
TRADEMARK
REEL: 007329 FRAME: 0468

Filing Fee \$175.00

MAINE
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION



Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

Dead River Company, LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see 31 MRSA 1508.)

SECOND: Filing Date: (select one)

- Date of this filing; or
- Later effective date (specified here): _____

THIRD: Designation as a low profit LLC (Check only if applicable):

- This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:
 - A. The company intends to qualify as a low-profit limited liability company;
 - B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
 - C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
 - D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):

- This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

(Type of professional services)

FIFTH: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent

CRA Public Number: P10025

David J. Champoux

(Name of commercial registered agent)

Noncommercial Registered Agent

(Name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SIXTH: Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other matters the members determine to include are set forth in the attached Exhibit _____, and made a part hereof.

****Authorized person(s)**

Dated April 30, 2021



(Signature of authorized person)

Deanna S. Sherman

(Type or print name of authorized person)

(Signature of authorized person)

(Type or print name of authorized person)

***Examples** of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)

****Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov