

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM679323

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Adpearance, Inc.		07/08/2021	Corporation: OREGON
RECEIVING PARTY DATA			
Name:	Adpearance Holdings, LLC		
Street Address:	2035 NW Front Ave, Suite 300		
City:	Portland		
State/Country:	OREGON		
Postal Code:	97209		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4826542	ADPEARANCE	
CORRESPONDENCE DATA			
Fax Number:	5032202480		
<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:	503-294-9851		
Email:	lisa.davis@stoel.com		
Correspondent Name:	Matthew R. Wilmot / Stoel Rives LLP		
Address Line 1:	760 SW Ninth Avenue, Suite 3000		
Address Line 4:	Portland, OREGON 97205		
ATTORNEY DOCKET NUMBER:	56570-104		
NAME OF SUBMITTER:	Lisa M. Davis, Paralegal		
SIGNATURE:	/lisamdavis/		
DATE SIGNED:	10/06/2021		
Total Attachments: 5			
source=Adpearance - Conversion#page1.tif			
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OP \$40.00 4826542

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Oregon.
- 2.) The jurisdiction immediately prior to filing this Certificate is Oregon.
- 3.) The date the corporation first formed is April 28, 2009.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Adpearance, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Adpearance Holdings, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
8th day of July, A.D. 2021.

By: 

Authorized Person

Name: Aaron James

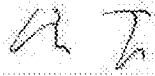
Print or Type

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Appearance Holdings, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 800 North State Street, Suite 403 (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Unisearch, Inc.

By: 
Authorized Person

Name: Aaron James
Print or Type



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - F

Articles of Conversion - Business Entities

FILED: JUL 9, 2021
OREGON SECRETARY OF STATE



59834896-22367570

REGISTRY NUMBER: 598348-96

ADPEARANCE HOLDINGS, LLC

CNVINA

In accordance with Oregon Revised Statute 182.410-182.480, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

- 1. Name of Business Entity Prior to Conversion: Adpearance, Inc.
- 2. Type of Business Entity Prior to Conversion: Oregon corporation
- 3. Name of Business Entity After Conversion: Adpearance Holdings, LLC
- 4. Type of Business Entity After Conversion: Delaware limited liability company

5. Will the converted entity have continued existence in Oregon? Yes No

6. If no, where will the jurisdiction be? Delaware

7. Select one of the following:

- A copy of the plan of conversion is attached.
- Address where the plan of conversion is on file.

Address 2035 NW Front Avenue, Ste 300

City Portland State OR Zip Code 97209

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. Provide additional information required for new entity type. (Required)

9. Oregon Corporation and Limited Liability Company Requirement:

Oregon Corporations and Limited Liability Companies comply with House Bill 2191 by attaching an information change form that includes the Principal Place of Business and individual with Direct Knowledge.

10. Execution: (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

Title:

AJ

Aaron James

Chief Executive Officer

CONTACT NAME: (To resolve questions with this filing)

Julia Orr/Stoel Rives LLP

PHONE NUMBER: (include area code)

503-294-9268

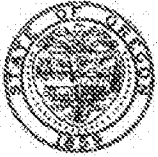
FEES

Domestic Required Processing Fee \$100

Foreign Required Processing Fee \$275

Processing Fees are non-refundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1337 - www.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: 598348-96
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: Appearance Holdings, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION:
OR: CERTIFICATE OF EXISTENCE (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 90 days of delivery to this office.)

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:
(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

Attn: Heather J. Hansen
591 SW Mill View Way, Bend, OR 97702

3) DATE OF ORGANIZATION: DURATION, IF NOT PERPETUAL:

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:
2035 NW Front Avenue, Ste 300
Portland, OR 97209

4) STATE OR COUNTRY OF ORGANIZATION:
Delaware

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:
Attn: Heather J. Hansen
591 SW Mill View Way, Bend, OR 97702

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?
[] This LLC will be member-managed by one or more members.
[X] This LLC will be manager-managed by one or more managers.

6) NAME OF OREGON REGISTERED AGENT:
Mill View Professional Services, Inc.

11) Execution: (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: [Handwritten Signature] Printed Name: Aaron James Title: Chief Executive Officer

CONTACT NAME: (To resolve questions with this filing)
Julia Orr/Stoel Rives LLP
PHONE NUMBER: (include area code.)
503-294-9268

FEES
Required Processing Fee \$275
Processing Fees are non-refundable. Please make check payable to "Corporation Division."
Free copies are available of www.oregon.gov/business, using the Business Name Search program.

Delaware

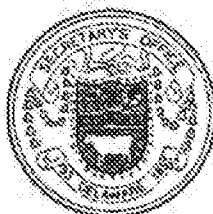
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADPEARANCE HOLDINGS, 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 EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADPEARANCE HOLDINGS, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2021.

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



6067992 8300

SR# 20212658288

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

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

Authentication: 203629745

Date: 07-08-21

RECORDED: 10/06/2021

TRADEMARK
REEL: 007445 FRAME: 0058