

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM710316

<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>
Sparton Enterprises, Inc.		11/23/2021	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Sparton Enterprises, LLC		
<b>Street Address:</b>	3717 Clark Mill Rd.		
<b>City:</b>	Norton		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44203		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5306269	SPARTON REMOTE WEIGH SYSTEM	
<b>Registration Number:</b>	5278595	INTELLIGENT TRAILER	
<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>	3127758000		
<b>Email:</b>	rspuhler@mcandrews-ip.com		
<b>Correspondent Name:</b>	Ronald H. Spuhler		
<b>Address Line 1:</b>	500 W Madison Street, 34th Floor		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60661		
<b>NAME OF SUBMITTER:</b>	Ronald H. Spuhler		
<b>SIGNATURE:</b>	/RHS/		
<b>DATE SIGNED:</b>	02/23/2022		
<b>Total Attachments: 10</b>			
source=Conversion from Inc to LLC#page1.tif			
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source=Conversion from Inc to LLC#page4.tif			
source=Conversion from Inc to LLC#page5.tif			

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source=Conversion from Inc to LLC#page9.tif  
source=Conversion from Inc to LLC#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/24/2021	202132801480	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

**Receipt**

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

CALFEE, HALTER & GRISWOLD LLP  
1405 EAST 6TH STREET  
CLEVELAND, OH 44114

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**390057**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SPARTON ENTERPRISES, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: **11/24/2021**

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

Document No(s):

**202132801480**



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  
24th day of November, A.D. 2021.

**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

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
**(Check Only (1) One Box)**

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

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

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If 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)**  (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.

Name

Mailing Address

City State 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 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.

Michael B. Little

Signature

By (if applicable)

Michael B. Little

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.

Sparton Enterprises, Inc.

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.

<p><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><b>Date Notified (MM/DD/YYYY)</b> 11/23/2021</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p><b>Date Notified (MM/DD/YYYY)</b> 11/23/2021</p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43216-2382 Dissolution@tax.state.oh.us</p> <p><b>Date Notified (MM/DD/YYYY)</b> </p> <p><small>* 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.</small></p>	<p><input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

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

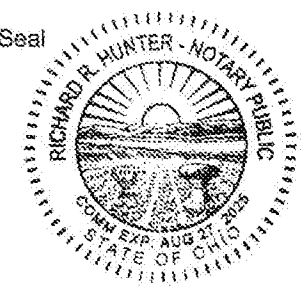
Signature *Michael B. Litte* Title Chief Financial Officer

Name Michael B. Litte

Mailing Address 3717 Clark Mill Road

City Barberton State Ohio ZIP Code 44203

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 11/23/2021



*Richard R. Hunter*  
Notary Public

Date Commission Expires (MM/DD/YYYY) 08-27-2025

### AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of   
Name of Corporation

and 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



Notary Public

Date Commission Expires (MM/DD/YYYY)



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)

## 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

(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 limited liability company 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

Sparton Enterprises, 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:

Michael B. Little

(Name of Statutory Agent)

3717 Clark Mill Road

(Mailing Address)

Barberton

(Mailing City)

OH

(Mailing State)

44203

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned, Michael B. Little, named herein as the  
(Name of Statutory Agent)

Statutory agent for Sparton Enterprise, LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature Michael B. Little  
(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.

Michael B. Little

Signature

By (if applicable)

Michael B. Little

Print Name

Signature

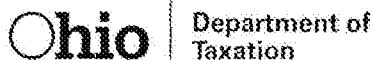
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



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

[Barcode]

MICHAEL B. LITTLE  
SPARTON ENTERPRISES INC  
3717 CLARK MILL RD.  
NORTON, OH 44203  
USA

November 04, 2021  
Contact ID: 4812652732

RE: Certificate of Tax Clearance  
Entity Name: Sparton Enterprises Inc  
Ohio Charter # 390057  
Certificate Issue Date: 11/04/2021

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.

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