

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM780695

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
BLUE BOOK SERVICES, INC.		12/28/2022	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	BLUE BOOK SERVICES, LLC		
Street Address:	1755 S. Naperville Rd.		
Internal Address:	Suite 200		
City:	Wheaton		
State/Country:	ILLINOIS		
Postal Code:	60189		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	6768305	BLUE BOOK INFORMATION. SERVICE. TECHNOLO	
CORRESPONDENCE DATA			
Fax Number:			
<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:	616-831-1805		
Email:	patents@millerjohnson.com		
Correspondent Name:	Miller Johnson		
Address Line 1:	409 East Jefferson Fifth Floor		
Address Line 4:	Detroit, MICHIGAN 48226		
NAME OF SUBMITTER:	Perry Krumpolz		
SIGNATURE:	/Perry Krumpolz/		
DATE SIGNED:	01/13/2023		
Total Attachments: 4			
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CH \$40.00 6768305



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE-Secretary of State

12628129
DECEMBER 28, 2022

DAVID D. O'SULLIVAN
1755 S. NAPERVILLE RD. SUITE 200
WHEATON, IL 60189-0000

RE BLUE BOOK SERVICES, LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF ORGANIZATION THAT CREATED YOUR LIMITED LIABILITY COMPANY. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS ANNIVERSARY MONTH NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN PENALTY AND DISSOLUTION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

STATEMENT OF CONVERSION HAS BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY HAS BEEN CREDITED WITH THE REQUIRED FEE.

PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT WWW.ILSOS.GOV TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
217-524-8008

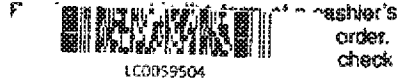
TRADEMARK
REEL: 007946 FRAME: 0267

EOA 205

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.ilsos.gov

FILED
DEC 28 2022
JESSE WHITE
SECRETARY OF STATE



Cashier's
order,
check

HLH

New Entity File Number

Filing Fee: \$100 _____ Approved: _____

Submit in duplicate _____ Type or print clearly in black ink _____ Do not write above this line _____

Converting Entity

Current file number: 20998318

- 1. Converting Entity Name: BLUE BOOK SERVICES, INC.
- 2. Current Entity Type: (select only one)
 - For Profit Corporation
 - Limited Liability Partnership
 - Limited Liability Company
 - Limited Partnership
 - General Partnership
 - Not For Profit
 - LWCA
- 3. Jurisdiction and Date of Incorporation/Organization: ILLINOIS, MARCH 13, 1930
- 4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

- 5. Converted Entity Name: BLUE BOOK SERVICES, LLC
- 6. Converted Entity Type: (select only one)
 - For Profit Corporation
 - Limited Liability Partnership
 - Limited Liability Company
 - Limited Partnership
 - General Partnership
 - Not For Profit
 - LWCA
- 7. Jurisdiction of Incorporation/Organization: ILLINOIS
- 8. The Converted Entity: (select only one)
 - intends to transact business in Illinois
 - will not be transacting business in Illinois (Please set forth address below.)
 Address for Service of Process: 1755 S. NAPERVILLE RD., SUITE 200, WHEATON, IL 60189
 (P.O. Box alone is not acceptable)
- 9. Effective Date of Conversion: _____ If a future date is chosen, MUST be within 90 days of filing.
 - Upon Filing
 - Future Effective Date: _____

The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.
The formation document and fee for the Converted Entity must be attached.

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated DECEMBER 28, 2022 BLUE BOOK SERVICES, INC.
Month & Day Year Exact Name of Converting Entity

Any Authorized Signer's Signature
C. JAMES CARR, PRESIDENT
Name and Title (type or print)

EM

SF

Form **LLC-5.5**
February 2022

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-6008
ilsos.gov

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

Illinois
Limited Liability Company Act
Articles of Organization

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee: \$150
Approved: _____

FILE # 13628129
This space for use by Secretary of State.

FILED
DEC 28 2022
JESSE WHITE
SECRETARY OF STATE

HLH

1. Limited Liability Company name (see Note 1): BLUE BOOK SERVICES, LLC

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
845 E. GENEVA RD., CAROL STREAM, IL 60188-3520

3. Articles of Organization effective on: (check one)
 the filing date
 a later date (not to exceed 60 days after the filing date): _____
Month, Day, Year

4. Registered agent's name and registered office address:

Registered agent: DAVID D. O'SULLIVAN

(P.O. Box alone or c/o is unacceptable.)	First Name	Middle Initial	Last Name
Registered office:	<u>1755 S.</u>	<u>NAPERVILLE RD.</u>	<u>SUITE 200</u>
	Number	Street	Suite #
	<u>WHEATON</u>	<u>IL</u>	<u>60188</u>
	City		ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____
Month/Day Year

EBM

SF

7. Optional: Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.)

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

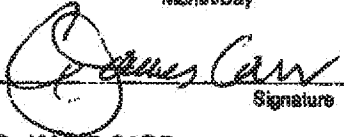
<u>C. JAMES CARR</u>	<u>845 E GENEVA RD</u>	<u>CAROL STREAM</u>	<u>IL</u>	<u>60188-3520</u>
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP

(If additional space is needed, use standard sized paper.)

10. Name and Address of Organizer(s):

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: DECEMBER 28 2022
Month/Day Year

1. 
Signature

C. JAMES CARR
Name and Title (type or print)

If organizer is signing for a company or other entity, state name of company or entity.

2. _____
Signature

Name (type or print)

If organizer is signing for a company or other entity, state name of company or entity.

1. 845 E GENEVA RD
Number Street

CAROL STREAM
City

IL 60188-3520
State ZIP

2. _____
Number Street

City

State ZIP

Note 1: The Limited Liability Company name cannot contain any of the following terms or abbreviations: Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. The name must contain the term Limited Liability Company, LLC or L.L.C. If a company is providing professional services licensed by the Illinois Department of Professional Regulation, the name must contain the term or abbreviation Professional Limited Liability Company, PLLC or P.L.L.C.

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.