

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Change of State of Organization		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
National Distributors Network, LLC		03/15/2006	LIMITED LIABILITY COMPANY: KANSAS
RECEIVING PARTY DATA			
Name:	National Distributors Network, LLC		
Street Address:	7890 North Central Drive		
City:	Lewis Center		
State/Country:	OHIO		
Postal Code:	43035		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3174942	PERFECT CHOICE	
CORRESPONDENCE DATA			
Fax Number:	(614)792-5536		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	6147925555		
Email:	standleydocketing@standleyllp.com		
Correspondent Name:	Standley Law Group LLP		
Address Line 1:	495 Metro Place South		
Address Line 2:	Suite 210		
Address Line 4:	Dublin, OHIO 43017-5319		
ATTORNEY DOCKET NUMBER:	NAT2150-002		
NAME OF SUBMITTER:	Jeffrey C. Norris		
Signature:	/Jeffrey C. Norris/		

CH 3174942 \$40.00

Date:

12/14/2006

Total Attachments: 5

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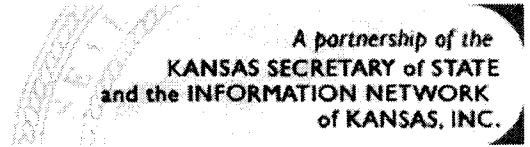
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Kansas Online Business Entity Search



[Business Entity Search](#)

Kansas Secretary of State Business Entity Search

[Helpful Hints](#)

Business Entity ID Number: 3246212

[Privacy Statement](#)

Certificate of Good Standing

[Contact Info](#)

Letter of Good Standing

[Online Demo](#)

NATIONAL DISTRIBUTORS NETWORK, LLC

[< KSOS Web site](#)
[< Kansas Web site](#)

RICHARD W. HIRD
P.O. BOX 310
LEWIS CENTER, OH 43035

Close Corp []
Tax Year End [12]
Date of Incorporation [11/15/2001]
Last Correct Annual Report [12/2005]
Next Annual Report Due Date [04/15/2007]
Extension [00/00/0000]
Forfeiture [07/15/2007]
Expiration [12/31/9999]
State/Country Formation [KS]

Resident Agent

RICHARD W. HIRD

842 LOUISIANA STREET
LAWRENCE, KS 66044-0000
County: DG

Business Entity Type

DOM: LTD LIABILITY COMPANY

Business Entity Status

DISSOLVED



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/24/2006	200608202788	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	.00	.00	.00	.00

Receipt

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

METZ, BAILEY & MCLOUGHLIN
 MIKE FULTZ
 33 E. SCHROCK RD.
 WESTERVILLE, OH 43081

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1610200

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
NATIONAL DISTRIBUTORS NETWORK, LLC
 and, that said business records show the filing and recording of:

Document(s)	Document No(s):
ARTICLES OF ORGANIZATION/DOM. LLC	200608202788



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 22nd day of March, A.D.
 2006.

J. Kenneth Blackwell
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**
(Domestic or Foreign)
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	<input type="checkbox"/> (2) Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705
(Date of Formation) _____	(State) _____

Complete the general information in this section for the box checked above.

Name National Distributors Network, LLC

Check here if additional provisions are attached
* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd., L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

This limited liability company shall exist for _____ (Period of existence)
(Optional)

Purpose (Optional) _____

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is
(Optional)

(Name) _____
(Street) _____ NOTE: P.O. Box Addresses are NOT acceptable.
(City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

National Distributors Network, 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 limited liability company may be served. The name and address of the agent is:

Ronald Lehman
(Name of Agent)

7890 North Central Drive
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Lewis Center Ohio 43035
(City) (State) (Zip Code)

Must be authenticated by an authorized representative

[Signature]
Authorized Representative

3-15-06
Date

[Blank Signature Box]
Authorized Representative

[Blank Date Box]
Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

National Distributors Network, LLC
(name of limited liability company)

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

[Signature]
(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

 (Name)

 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

 (City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

 (Name)

 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**


 (City) Ohio (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

 3-15-06

Authorized Representative Date

Ronald Lehman, Executive Director

(Print Name)

Authorized Representative Date

(Print Name)