

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Luxology LLC		10/18/2013	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	The Foundry Group LLC		
Street Address:	2525 E. Charleston Road, Ste. 104		
City:	Mountain View		
State/Country:	CALIFORNIA		
Postal Code:	94943		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	3036825	MODO	
Registration Number:	4050241	RAYGL	
Registration Number:	3088625	LUXOLOGY	
Registration Number:	3335973	NEXUS	
Serial Number:	85169625	DEEP IMAGE	
CORRESPONDENCE DATA			
Fax Number:	6196967124		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	619-696-6700		
Email:	ipdocket@gordonrees.com		
Correspondent Name:	Susan B. Meyer - Gordon & Rees LLP		
Address Line 1:	101 West Broadway, Suite 1600		
Address Line 4:	San Diego, CALIFORNIA 92101		
ATTORNEY DOCKET NUMBER:	LUXO		

CH \$140.00 3036825

NAME OF SUBMITTER:	Susan B. Meyer
Signature:	/Susan B. Meyer/
Date:	11/08/2013
Total Attachments: 2 source=LUXOLOGY#page1.tif source=LUXOLOGY#page2.tif	



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

FILED [Signature] Secretary of State State of California OCT 23 2013

ICC

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER: 200203710054 2. NAME OF LIMITED LIABILITY COMPANY: Luxology LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. A. LIMITED LIABILITY COMPANY NAME: The Foundry Group LLC B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): [X] ONE MANAGER [ ] MORE THAN ONE MANAGER [ ] ALL LIMITED LIABILITY COMPANY MEMBER(S) C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION: D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE...

4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY:

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. [Signature] October 18, 2013 Bill Collis, Manager

7. RETURN TO: NAME: Bill Collis FIRM: 399 Bradford Street ADDRESS: Suite 102 CITY/STATE: Redwood City CA 94063 ZIP CODE:



I hereby certify that the foregoing  
transcript of \_\_\_\_\_ (name(s))  
is a full, true and correct copy of the  
original retained in the custody of the  
California Secretary of State's office.

OCT 23 2013

Date: \_\_\_\_\_ *[Signature]*

*Debra Bowen*

DEBRA BOWEN, Secretary of State

**TRADEMARK**

**RECORDED: 11/08/2013**

**REEL: 005151 FRAME: 0025**