

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM494578

<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>
JVierling & Associates, LLC		06/07/2018	Limited Liability Company: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Tailwind Nutrition, Inc.		
<b>Street Address:</b>	1099 Main Ave.		
<b>Internal Address:</b>	Suite 210		
<b>City:</b>	Durango		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	81301		
<b>Entity Type:</b>	Corporation: COLORADO		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87830739	TAILWIND NUTRITION	
<b>Serial Number:</b>	87830781	ALL YOU NEED, ALL DAY. REALLY.	
<b>Serial Number:</b>	87677122	REBUILD	
<b>Registration Number:</b>	4508827	TAILWIND	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8663484107		
<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>	2067552707		
<b>Email:</b>	kristina@foxgroupllc.com		
<b>Correspondent Name:</b>	Kristina T Fox		
<b>Address Line 1:</b>	528 Main Ave, Suite C		
<b>Address Line 4:</b>	Durango, COLORADO 81301		
<b>NAME OF SUBMITTER:</b>	Kristina T. Fox		
<b>SIGNATURE:</b>	/kristinatfox/		
<b>DATE SIGNED:</b>	10/18/2018		
<b>Total Attachments: 5</b>			
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Colorado Secretary of State  
 Date and Time: 06/07/2018 03:29 PM  
 ID Number: 20081568553  
 Document number: 20181463213  
 Amount Paid: \$100.00

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**Statement of Conversion**

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number	<u>20081568553</u> <small>(Colorado Secretary of State ID number)</small>
Entity name or true name	<u>J Vierling &amp; Associates, LLC</u>
Form of entity	<u>Limited Liability Company</u>
Jurisdiction	<u>Colorado</u>
Street address	<u>1099 Main Ave, Suite 210</u> <small>(Street number and name)</small>
	<u>Durango</u> <u>CO</u> <u>81301</u> <small>(City) (State) (ZIP/Postal Code)</small>
	<u>United States</u> <small>(Province – if applicable) (Country)</small>
Mailing address <small>(leave blank if same as street address)</small>	<u>10 Town Plaza, #186</u> <small>(Street number and name or Post Office Box information)</small>
	<u>Durango</u> <u>CO</u> <u>81301</u> <small>(City) (State) (ZIP/Postal Code)</small>
	<u>United States</u> <small>(Province – if applicable) (Country)</small>

2. The entity name of the resulting entity is Tailwind Nutrition, Inc.  
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

5. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is

such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Fox</u>	<u>Kristina</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>528 C Main Street</u>			
(Street number and name or Post Office Box information)			
<hr/>			
<u>Durango</u>	<u>CO</u>	<u>81301</u>	
(City)	(State)	(ZIP/Postal Code)	
<u>United States</u>			
(Province – if applicable)		(Country)	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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**Articles of Incorporation for a Profit Corporation**  
 filed pursuant to § 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name for the corporation is

Tailwind Nutrition, Inc.

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the corporation's initial principal office is

Street address 1099 Main Ave, Suite 210  
(Street number and name)

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Durango CO 81301  
(City) (State) (ZIP/Postal Code)

---

United States  
(Country)

Mailing address 10 Town Plaza, #186  
(leave blank if same as street address) (Street number and name or Post Office Box information)

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Durango CO 81301  
(City) (State) (ZIP/Postal Code)

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United States  
(Country)

3. The registered agent name and registered agent address of the corporation's initial registered agent are

Name  
 (if an individual) Vierling Jennifer Hope  
(Last) (First) (Middle) (Suffix)

or

(if an entity)  
 (Caution: Do not provide both an individual and an entity name.)

Street address 1099 Main Ave, Suite 210  
(Street number and name)

---

Durango CO 81301  
(City) (State) (ZIP/Postal Code)

Mailing address 10 Town Plaza, #186  
(leave blank if same as street address) (Street number and name or Post Office Box information)

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Durango CO 81301  
(City) (State) (ZIP/Postal Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent above has consented to being so appointed.

4. The true name and mailing address of the incorporator are

Name  
(if an individual) Vierling Jennifer  
(Last) (First) (Middle) (Suffix)

or

(if an entity)  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 10 Town Plaza, #186  
(Street number and name or Post Office Box information)

Durango CO 81301  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The corporation has one or more additional incorporators and the name and mailing address of each additional incorporator are stated in an attachment.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

The corporation is authorized to issue 10,000,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

Information regarding shares as required by section 7-106-101, C.R.S., is included in an attachment.

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(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Fox Kristina \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)  
528 C Main Street  
(Street number and name or Post Office Box information)  
\_\_\_\_\_  
Durango CO 81301  
(City) (State) (ZIP/Postal Code)  
\_\_\_\_\_  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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