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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM524763

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	MERGER	
EFFECTIVE DATE:	12/01/2017	

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Snapfish2, LLC		12/01/2017	Limited Liability Company: DELAWARE

RECEIVING PARTY DATA

Name:	Snapfish, LLC	
Street Address:	10501 Rhode Island Ave	
City: Beltsville		
State/Country:	MARYLAND	
Postal Code:	20705	
Entity Type: Limited Liability Company: CALIFORNIA		

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark	
Registration Number:	4456319	FREESTYLER	
Registration Number:	2643556	SNAPFISH	
Registration Number:	2594038		
Registration Number:	4717284	SNAPFLIX	
Registration Number:	4491779	SOCIALPICS	

CORRESPONDENCE DATA

Fax Number: 2028576395

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.

Phone: 202-857-6000

Email: Todd.Hopkins@arentfox.com

Correspondent Name: Amy McFarland Address Line 1: 1717 K Street, N.W.

Address Line 4: Washington, D.C. 20006-5344

ATTORNEY DOCKET NUMBER:	007170.00132	
NAME OF SUBMITTER:	Amy McFarland	
SIGNATURE:	/Amy McFarland/	
DATE SIGNED:	05/23/2019	

TRADEMARK REEL: 006652 FRAME: 0176

Total Attachments: 2

source=Certificate of Merger (CA) Snapfish LLC (Recorded)#page1.tif source=Certificate of Merger (CA) Snapfish LLC (Recorded)#page2.tif

TRADEMARK REEL: 006652 FRAME: 0177



State of California **Secretary of State**

Certificate of Merger

(California Corporations Code sections

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	13(g), 3203(g), 6019.1, 8019.1, 9640, 12540.1, 1		100	· /		
	IMPORTANT — Read all instructions before completing this form. This Space For Filing Use Only					
1.	NAME OF SURVIVING ENTITY	2. TYPE OF ENTITY	3. CA SECRETARY OF ST	[
Sna	apfish, LLC	· LLC	20151311			
5.	NAME OF DISAPPEARING ENTITY	6. TYPE OF ENTITY	7. CA SECRETARY OF ST. 2016057100	70		
Sma	apfish2, LLC	rrc		Delaware		
9	THE PRINCIPAL TERMS OF THE AGREEMENT OF MERGI EQUALED OR EXCEEDED THE VOTE REQUIRED. (IF A FACH CLASS ENTITLED TO VOTE ON THE MERGER AND	VOTE WAS REQUIRED	, SPECIFY THE CLASS AND T TE REQUINED OF <u>EACH CLASS</u>	HE NUMBER OF OUTSTANDING (NTERESTS OF B, ATTACH ADDITIONAL PAGES, IF NEEDED.)		
	SURVIVING ENTITY		DISAPPEARING ENTITY			
	CLASS AND NUMBER AND PERCENTA- 1 Class A Interest	100%	CLASS AND NUMBER 1 Class A Interest	AND PERCENTAGE VOTE REQUIRED . 100%		
10,	IF EQUITY SECURITIES OF A PARENT PARTY ARE TO BE	ISSUED IN THE MERGI	ER, CHECK THE APPLICABLE S	TATEMENT.		
	No vote of the shareholders of the parent party w	ras required.	The required vote of the sha	reholders of the parent party was obtained.		
11.	IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIAI ANY) TO THE INFORMATION SET FORTH IN THE SI STATEMENT OF PARTNERSHIP AUTHORITY RESULTING	HOVIVING ENTITY'S AS	ZFICLES OF CHGANIZATION.	CERTIFICATE OF LIMITED PARTNERSHIP OR		
	No changes.			DIFFICURE AND THE CURT WHILE THE PARTY IS		
12.	IF A DISAPPEARING ENTITY IS A DOMESTIC LIMITED LI A DOMESTIC ENTITY OF THE SAME TYPE, ENTER THE P	RINCIPAL AUDRESS OF	THE SURVIVING ENTITY.			
	PRINCIPAL ADDRESS OF SURVIVING ENTITY		CITY AND STATE	ZIP CODE		
	N/A					
13,	OTHER INFORMATION REQUIRED TO BE STATED IN THE ENTITY IS ORGANIZED. ATTACH ADDITIONAL PAGES, IF	HE CERTIFICATE OF ME F NECESSARY,	ERGER BY THE LAWS UNDER	WHICH EACH CONSTITUENT OTHER BUSINESS		
	None			FOT LAS CURIOR PROPERTY AND ADDRESS OF A LOS		
14.	STATUTORY OR OTHER BASIS UNDER WHICH A FOREIG THE MERGER.			12 - 01 - 2017		
	Title 6, Section 18-209 of the Delaware Limite			(Month) (Day) (Year)		
	ADDITIONAL INFORMATION SET FORTH ON ATTACHE CERTIFICATE.					
17.	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE	LAWS OF THE STATE CUTED THIS INSTRUME	OF CALIFORNIA THAT THE FO NT, WHICH EXECUTION IS MY	REGOING IS TRUE AND CORRECT OF MY OWN ACT AND DEED.		
		December_I . 2011				
	BICDATURE OF AUTHORIZE (Transcript For the Survi	VING ENTITY DAT	E TYPE OR PRINT NAME	AND TITLE OF AUTHORIZED PERSON		
	SICHATURE OF AUTHORIZED PERSON FOR THE STORY	VINT FATITY DAT	TYPE OR PRINT NAME	AND TITLE OF AUTHORIZED PERSON		
	Dec		017 Neil Co	hen. Manager AND TITLE OF AUTHORIZED PERSON		
	SIGNATURE OF AUTHORIZED PERSON FOR THE DISAP			AND TITLE OF AUTHORIZED PERSON		
	For an entity that is a business trust, real est association, set forth the provision of law or other	ate investment trust basis for the authorit	or an unincorporated y of the person signing:			
OB	BE MERGER-1 (REV 01/2018)	<u> </u>		APPROVED BY SECRETARY OF STATE		

I hereby ce transcript of is a full, tru original rec California S

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

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ALEX PADILLA, Secretary of State

TRADEMARK
REEL: 006652 FRAME: 0179

RECORDED: 05/23/2019