

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM562246

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Absolute Outdoor, Inc.		12/31/2019	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Absolute Outdoor, LLC		
Street Address:	433 Park Avenue S.		
City:	New London		
State/Country:	OHIO		
Postal Code:	44851		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Registration Number:	2604462	ARCTICSHIELD	
Registration Number:	2693260	RE-TAIN	
Registration Number:	3184767	X SYSTEM	
Registration Number:	4609969	ONYX	
Registration Number:	5776329	LITTLE DIPPERS	
Registration Number:	5795990	ALL CLEAR	
CORRESPONDENCE DATA			
Fax Number:	7039919110		
<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:	7035224583		
Email:	maria@tassan.com		
Correspondent Name:	Maria v. Hardison		
Address Line 1:	4143 27th Street N.		
Address Line 4:	Arlington, VIRGINIA 22207-5211		
NAME OF SUBMITTER:	Maria v. Hardison		
SIGNATURE:	/mvh/		
DATE SIGNED:	02/14/2020		
Total Attachments: 10			

OP \$165.00 2604462

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/07/2020	201936404278	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

Receipt

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

CRITCHFIELD, CRITCHFIELD & JOHNSTON, LTD.
4996 FOOTE ROAD
MEDINA , OH 44256

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
1791925**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ABSOLUTE OUTDOOR, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 12/31/2019

Document No(s):

201936404278

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



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
7th day of January, A.D. 2020.

Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) **Converting Within** The Records of the Ohio Secretary of State

(2) **Converting Off** The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic For-Profit Corporation
 Domestic Professional Association
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation
 Foreign For-Profit Corporation
 Domestic Nonprofit Limited Liability Company
 Foreign Nonprofit Limited Liability Company
 Domestic For-Profit Limited Liability Company
 Foreign For-Profit Limited Liability Company

Partnership
 Domestic Limited Partnership
 Foreign Limited Partnership
 Domestic Limited Liability Partnership
 Foreign Limited Liability Partnership

Effective Date **(Optional)** (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,
 (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
 (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

/s/ John A. Clark

Signature

[Empty signature box]

By (if applicable)

John A. Clark, Secretary

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

ABSOLUTE OUTDOOR, INC.
 Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p>	<p>Date Notified (MM/DD/YYYY) 12/30/2019</p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319 Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p>	<p>Date Notified (MM/DD/YYYY) 12/30/2019</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>* Only required for domestic for-profit corporations</p>		<p>The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.</p>	
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p>	<p>Date Notified (MM/DD/YYYY) 12/28/2019</p>	<p>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance Issued by the Ohio Department of Taxation.</p>	

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature John A. Clark Title Secretary
 Name John A. Clark
 Mailing Address 433 Park Ave.
 City New London State Ohio ZIP Code 44851



Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/30/2019
 DONNA SCHMITTER
 Notary Public
 in and for the State of Ohio
 My Commission Expires April 7, 2020

Donna Schmitter
 Notary Public
 Date Commission Expires (MM/DD/YYYY) 4/7/2020

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Huron

John A. Clark
Name of Officer

Secretary
Title of Officer

ABSOLUTE OUTDOOR, INC.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Huron
County

County

County

Signature *John A. Clark*

Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 12/30/2019



DONNA SCHNEITER
Notary Public
In and for the State of Ohio
My Commission Expires
April 7, 2020

Donna Schneiter
Notary Public

Date Commission Expires (MM/DD/YYYY) 4/7/2020

Form 533A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

For-Profit Limited Liability Company (115-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY) (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Absolute Outdoor, 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 corporation may be served. The complete address of the agent is:

John A. Clark

(Name of Statutory Agent)

433 Park Avenue South

(Mailing Address)

New London

(Mailing City)

OH

(Mailing State)

44851

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, John A. Clark, named herein as the
(Name of Statutory Agent)

Statutory agent for Absolute Outdoor, LLC
(Name of Limited Liability Company)

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

Statutory Agent Signature /s/ John A. Clark
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

/s/ John A. Clark

Signature

By (if applicable)

John A. Clark, Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name