504070833 10/27/2016

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT4117500

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | MERGER |
| EFFECTIVE DATE: | 04/13/2006 |

CONVEYING PARTY DATA

| Name | Execution Date |
|-------------------|----------------|
| THE STEP2 COMPANY | 04/13/2006 |

RECEIVING PARTY DATA

| Name: | THE STEP2 COMPANY, LLC |
|-----------------|--------------------------|
| Street Address: | 10010 AURORA-HUDSON ROAD |
| City: | STREETSBORO |
| State/Country: | OHIO |
| Postal Code: | 44241 |

PROPERTY NUMBERS Total: 2

| Property Type | Number |
|----------------|---------|
| Patent Number: | D489775 |
| Patent Number: | D492741 |

CORRESPONDENCE DATA

Fax Number: (312)862-2200

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: 3128628738

Email: michelle.nowicki@kirkland.com

Correspondent Name: MICHELLE NOWICKI Address Line 1: 300 N. LASALLE

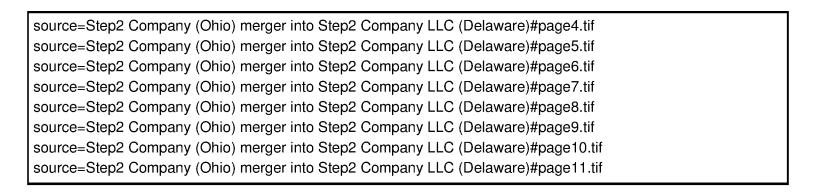
Address Line 2: KIRKLAND & ELLIS LLP
Address Line 4: CHICAGO, ILLINOIS 60654

| ATTORNEY DOCKET NUMBER: | 15913-17 MN |
|-------------------------|--------------------|
| NAME OF SUBMITTER: | MICHELLE NOWICKI |
| SIGNATURE: | /Michelle Nowicki/ |
| DATE SIGNED: | 10/27/2016 |

Total Attachments: 11

source=Step2 Company (Ohio) merger into Step2 Company LLC (Delaware)#page1.tif source=Step2 Company (Ohio) merger into Step2 Company LLC (Delaware)#page2.tif source=Step2 Company (Ohio) merger into Step2 Company LLC (Delaware)#page3.tif

PATENT 504070833 REEL: 040154 FRAME: 0772



PATENT REEL: 040154 FRAME: 0773



DATE: 04/14/2006

DOCUMENT ID 200610400066

DESCRIPTION
MERGER/REGISTERING FOREIGN
LIMITED LIABILITY CO (MRF)

FILING

100 00

PENALTY

CERT

COPY

Receipt

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

NSI ATTN: TENA LUMPKINS 145 BAKER STREET MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1615912

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

THE STEP2 COMPANY, LLC

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

Document(s)

Document No(s):

MERGER/REGISTERING FOREIGN LIMITED LIABILITY CO

200610400066



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 13th day of April, A.D. 2006.

~ /.

Ohio Secretary of State

Page 1

PATENT REEL: 040154 FRAME: 0774 Doc ID -->

DATE: 04/14/2006

DOCUMENT ID DESCRIPTION 200610400066 MERGED OUT OF EXISTENCE (MEX)

FILING

EXPED

PENALTY

CERT

COPY

Receipt

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

NSI ATTN: TENA LUMPKINS 145 BAKER STREET **MARION, OH 43302**

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

777029

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

THE STEP2 COMPANY

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

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

200610400066



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 13th day of April, A.D. 2006.

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Obio 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

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$125.00
(154-MER)

in accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

| В. | Name Change: As a result of this merger, the name of the surviving entity has been changed to the following: |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | (Complete only if name of surviving entity is changing through the merger) |
| ٥, | The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks) |
| | Domestic (Ohlo) For-Profit Corporation, charter number |
| | Domestic (Ohio) Non-Profit Corporation, charter number |
| | Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and illcensed to transact business in the State of Ohio under license number |
| | Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio, |
| | Domestic (Ohlo) Limited Liability Company, with registration number |
| | Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and registered to do business in the State of Ohio under registration number |
| | ☑ Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the State of Ohio. |
| | ☐ Domestic (Ohio) Limited Partnership, with registration number |

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| Foreign (Non-Ohio) Limited Partnership organd NOT registered to do business in the at | | late/country of | , | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|--|--|--|--|
| Domestic (Ohio) Partnership having lim | ited liability, with the registra | ation number _ | | | | | |
| Foreign (Non-Ohio) Partnership having | Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of | | | | | | |
| and registered | | | • | | | | |
| | Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of and NOT registered to do business in the state of Ohio. | | | | | | |
| | Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of and licensed to transact business in the state of Ohio under license number [] Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of and not licensed to transact business in the state of Ohio. | | | | | | |
| | | | | | | | |
| ☐ General partnership not registered with t | the state of Ohio | | | | | | |
| respectively, of which is the entities merging out all merging entities, please attach a separate sheet | it listing the merging entities |) fir als 12 webuich | ant abace to tellect | | | | |
| Name / charter, license or registration number | State/Country (| of Organization | Type of Entity | | | | |
| The Step2 Company. Charter No. 777029 | Ohlo | | Corporation | | | | |
| | | | | | | | |
| II. MERGER AGREEMENT ON FILE The name and mailing address of the person of e agreement of merger upon written request: | entity from whom/which eligi | ble persons may | obtain a copy of the | | | | |
| The Step2 Company, LLC | 10010 Aurora-Huds | 10010 Aurora-Hudson Road | | | | | |
| (name) | (street) NOTE: | P.O. Box Addresses | are NOT acceptable. | | | | |
| Streetsboro | Ohlo | 44241 | | | | | |
| (city, village or township) | (state) | (zip cod | e) | | | | |
| /. EFFECTIVE DATE OF MERGER | | | | | | | |
| This merger is to be effective on: | (if a date is specified | d. the date must b | e a date on or | | | | |
| after the date of filing; the effective date of the me specified, the date of filing will be the effective dat | rger cannot be earlier than : | the date of filing, i | i no date is | | | | |
| / MERGER AUTHORIZED The laws of the state or country under which each This merger was adopted, approved and authorize of the state under which it is approved to the | ed by each of the constituen | it entities in comp | Nance with the laws | | | | |

entities are duly authorized to do so.

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The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

, Ohio 43302

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Marion (city, village or township)

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| avings bank, or savings ar | nd loan, then the follo | wing information | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is | | | | | |
|) The name(s) of any Trade Name(s) under which the corporation will conduct business: | | | | | |
| hlo) shall be: | | | | | |
| NOTE: P.O. E | lox Addresses are NOT a | cceptable. | | | |
| (county) | (state) | (zip code) | | | |
| (city, township, or village) (county) (state) (2ip code) I.) The principal office location in the state of Ohio shall be: | | | | | |
| NOTE: P.O. B | ox Addresses are NOT. a | cceptable. | | | |
| | Ahta | | | | |
| (county) | Ohio (state) | (zip code) | | | |
| (county) | (state) | (zip code) | | | |
| , | (state) o, please list none.) o of Ohio: | | | | |
| office in the state of Ohio | o, please list none.) e of Ohio: d; a general clause is | not sufficient) | | | |
| ffice in the state of Ohio ing purpose(s) in the state business to be conducted | o, please list none.) a of Ohio: d; a general clause is | not sufficient) | | | |
| ing purpose(s) in the state business to be conducted business to be con | o, please list none.) a of Ohio: d; a general clause is | not sufficient) | | | |
| ing purpose(s) in the state business to be conducted business to be con | o, please list none.) a of Ohio: d; a general clause is ng information must i | not sufficient) De completed.) | | | |
| | ederally chartered bank, s nder which the corporation hio) shall be: **NOTE: P.O. 6 (county) e of Ohio shall be: | ederally chartered bank, savings bank, or saving bank, or savi | | | |

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| | 10010 Aurora-Hudson Road | | | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------|
| | (straet address) | NOTE: P.O. B | ox Addresses are NOT | acceptable. |
| | Streetsboro | | Ohio | 44241 |
| | (city, township, or village) | | (state) | (zlp code |
| (If t | reign Qualifying Limited Partnersi the qualifying entity is a foreign limite } The name of the limited partnershi | ed partnership, the following in | formation must be o | ompleted). |
| (b.) | The limited partnership was formed | d on | | - - |
| (c.) | The address of the office of the lim | nited partnership in its state/co | untry of organization | is: |
| | (street address) | NOTE: P.O. Bo | ox Addresses are NQT s | eceptable. |
| | (city, township, or village) | (county) | (state) | (zip code) |
| | | | | |
| (d.) | The limited partnership's principal (| office address is: | | |
| | (street address) (city, township, or village) | office address is: NOTE: P.O. Bo | ox Addresses are NOT a | (zip code) |
| | (streat address) | office address is: NOTE: P.O. Bo | ox Addresses are NOT a | (zip code) |
| | (street address) (city, township, or village) The names and business or residen | office address is: NOTE: P.O. Bo | ox Addresses are NOT a | (zip code) |
| | (city, township, or village) The names and business or resident follows: | MOTE: P.O. Bo (county) nce addresses of the General | ox Addresses are NOT a | (zip code) |
| (e) | (city, township, or village) The names and business or resident follows: | (county) Address Address | (state) | (ap code) |
| (e) Micle | (street address) (city, township, or village) The names and business or resider follows: Name | MOTE: P.O. Bo (county) Ince addresses of the General Address Reparate sheet string the general pen | (state) partners of the parin | (2p code) ership are as |
| (e) Mole | (street address) (city, township, or village) The names and business or resident follows: Name ent space to cover this item, please attach a in the address of the office where a list. | MOTE: P.O. Bo (county) Ince addresses of the General Address separate sheet isting the general panet of the names and business of capital contributions is to be re- | (state) partners of the parin | (zip code) (zip code) ership are as addresses) |

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The limited partnership hereby certifies that it shall maintain said records until the registration of the ilmited partnership in Ohio is canceled or withdrawn.

| (a) | The name of the partnership shall | be | | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|--|
| (b) | Please complete the following appropriate section (either item b(l) or b(2)): | | | | |
| | (1.) The address of the partnership's principal office in Ohlo Is: | | | | |
| | (street address) | NOTE: P.O. Bex Addresses are NOT. | NOTE: P.O. Box Addresses are NOT acceptable. | | |
| | | , Ohio | _ | | |
| | (city, vittage or township) | (zip co | de) | | |
| H ti | he partnership does not have a pr | rincipal office in Ohio, then Items b2 must be co | ompleted) | | |
| | (2.) The address of the partnership | r's principal office (Non-Ohio): | • | | |
| | () | or principal office (Conference). | | | |
| | (street address) | NOTE: P.O. Box Addresses are NOT a | | | |
| | | | ccentanie. | | |
| | | HOTE. F.O. Dax Rooresses are NOT a | creptable. | | |
| | (city, township, or village) | (state) | (zip code | | |
| ند) | | (state) | (zip code | | |
| (c.) | | | (zip code | | |
| (c.) | | (state) | (zip code | | |
| (c.) | The name and address of a statuto. | (state) | (zip code | | |
| | The name and address of a statuto. | (state) | (z/p code | | |
| | The name and address of a statuto. | (state) ry agent for service of process in Ohio is an follow NOTE: P.O. Box Addresses are NOT.a. | (zip code | | |
| | The name and address of a statuto. | (state) ry agent for service of process in Ohio is as follow | (zip code | | |
| d.) | The name and address of a statuto. (name) (street address) (city, village or township) | ry agent for service of process in Ohio is as follow NOTE: P.O. Box Addresses are NOT. a. , Ohio | (zip code | | |
| d.) | The name and address of a statuto. (name) (street address) (city, village or township) Please indicate the state or jurisdict | (state) ry agent for service of process in Ohio is an follow NOTE: P.O. Box Addresses are NOT. at , Ohio (zip code) | (zip code | | |
| d.) | The name and address of a statuto. (name) (street address) (city, village or township) Please indicate the state or jurisdict formed | ry agent for service of process in Ohio is as follow. NOTE: P.O. Box Addresses are NOT.s. , Ohio (zip code) ion in which the Foreign Limited Liability Partnersi | (zip code | | |
| d.) | The name and address of a statuto. (name) (street address) (city, village or township) Please indicate the state or jurisdict | ry agent for service of process in Ohio is as follow. NOTE: P.O. Box Addresses are NOT.s. , Ohio (zip code) ion in which the Foreign Limited Liability Partnersi | (zip code | | |
| d.) | The name and address of a statuto. (name) (street address) (city, village or township) Please indicate the state or jurisdict formed | ry agent for service of process in Ohio is as follow. NOTE: P.O. Box Addresses are NOT.s. , Ohio (zip code) ion in which the Foreign Limited Liability Partnersi | (zip code | | |

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| sufficiency officers, partners and representatives or | his certificate of merger to be signed by its duly n the date(s) stated below. |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| The Step2 Company, LLC | The Step2 Company |
| (Execut name of grifty) | (Exact name of antity) |
| By: 1/h | Ву: |
| to: President | Hs: |
| Date: / | Date: |
| (Exact name of entity) | (fixant name of entity) |
| Вуз | Ву: |
| Ret | ltes: |
| Date: | Date: |
| (Skect name of antity) | (Exact name of entity) |
| Ву: | Ву: |
| its: | its: |
| Date: | Date: |
| (Sections of entity) | (Guard name of entity) |
| Ву: | Ву: |
| hs: | Ita: |
| Date: | Date: |
| (Exact name of entity) | (Exact morns of entity) |
| Вул | 8у: |
| b: | Its: |
| Bartine. | |

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The undereigned constituent entitles have caused this certificate of margar to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

The Step2 Company, LLC

(Exact representatives on the date(s) stated below.

The Step2 Company

(Exact representative)

By:

By:

By:

Its:

Date:

Date:

(Exact name of entity)

By:

By:

Its:

Date:

(Exact name of entity)

By:

By:

By:

Its:

Date:

(Exact name of entity)

By:

By:

Its:

Date:

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PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE STEP2 COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE STEP2 COMPANY, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2006.

4134241 8300

0603.33243

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4655676

DATE: 04-10-06

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PATENT REEL: 040154 FRAME: 0784

RECORDED: 10/27/2016