


## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT5099890

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
FIRST QUALITY NONWOVENS, INC.	07/02/2018
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	PFNONWOVENS LLC
<b>Street Address:</b>	101 GREEN MOUNTAIN ROAD
<b>City:</b>	HAZELTON
<b>State/Country:</b>	PENNSYLVANIA
<b>Postal Code:</b>	18202
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29604762
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(212)336-8001
<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>	2123368000
<b>Email:</b>	dmora@arelaw.com
<b>Correspondent Name:</b>	AMSTER, ROTHSTEIN & EBENSTEIN LLP
<b>Address Line 1:</b>	90 PARK AVENUE
<b>Address Line 4:</b>	NEW YORK, NEW YORK 10016
<b>ATTORNEY DOCKET NUMBER:</b>	34303/0364
<b>NAME OF SUBMITTER:</b>	BENJAMIN HALPERN
<b>SIGNATURE:</b>	/BENJAMIN HALPERN/
<b>DATE SIGNED:</b>	08/21/2018
<b>Total Attachments: 5</b>	
source=34303_PF_NonWovens_Statement-of-Conversion#page1.tif	
source=34303_PF_NonWovens_Statement-of-Conversion#page2.tif	
source=34303_PF_NonWovens_Statement-of-Conversion#page3.tif	
source=34303_PF_NonWovens_Statement-of-Conversion#page4.tif	
source=34303_PF_NonWovens_Statement-of-Conversion#page5.tif	

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>CSC # 283572-05</u> Name _____  CSC (cc)Return document by email to: <u>csepa@cscglobal.com</u>	Statement of Conversion DSCB:15-355 (7/1/2015)  TML180705MW0716
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Read all instructions prior to filing

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

**A. For the converting association:**

1. The name of the converting association is: First Quality Nonwovens, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

10/06/1996  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988  
(ex. Business Corporation Law of 1968, Limited Liability Company Law of 1994, etc.)

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PA. DEPT. OF STATE

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<b>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</b>
(a)	_____ Number and street City State Zip County
(b) c/o:	<u>CT Corporation System</u> Dauphin Name of Commercial Registered Office Provider County
<input type="checkbox"/>	<b>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</b>
	_____ Number and street City State Zip County
<input type="checkbox"/>	<b>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</b>
	_____ Number and street City State Zip

B. For the converted association:

1. The name of the converted association is: PFNorwovens LLC

2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

- Business Corporation                       Limited Partnership                       Business Trust
- Nonprofit Corporation                       Limited Liability (General) Partnership                       Professional Association
- Limited Liability Company                       Limited Liability Limited Partnership                       Other \_\_\_\_\_

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) _____          Number and street City State Zip County</p> <p>(b) c/o: <u>CT Corporation System</u> _____          Name of Commercial Registered Office Provider Dauphin County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2):</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p>Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <p>Name of Registered Agent</p> <p>_____</p> <p>Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
 Date (MM/DD/YYYY) Hour (if any)

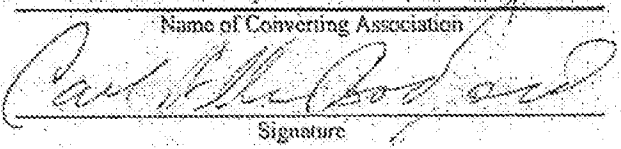
D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 2nd day of July, 2018.

First Quality Nonwovens, Inc.  
 \_\_\_\_\_  
 Name of Converting Association

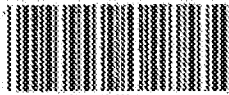


Signature

\_\_\_\_\_  
 Authorized Officer

\_\_\_\_\_  
 Title

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: CSC Order #283572-010 <hr/> Name: <hr/> Address: <hr/> <p style="text-align: center;">CSC</p> (xx)Return document by email to: <a href="mailto:csepa@cscglobal.com">csepa@cscglobal.com</a>	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)   <small>8821</small>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125       I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: PFNonwovens LLC  
*(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)*

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company’s registered office in this Commonwealth is:  
*(post office box alone is not acceptable)*

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company’s commercial registered office provider and county of venue is:

c/o: CT Corporation System	Dauphin
Name of Commercial Registered Office Provider	County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Allen Bodford

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4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

- The Certificate of Organization shall be effective upon filing in the Department of State.
- The Certificate of Organization shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY)      Hour (if any)

5. **Restricted professional companies only.**

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. **Benefit companies only.**

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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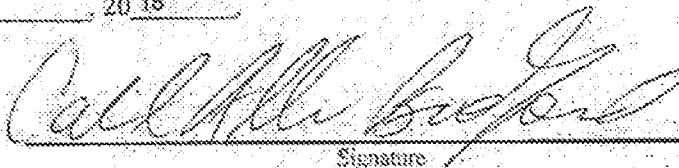


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7. For additional provisions of the certificate, if any, attach 8 1/2 x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

2nd day of July, 2018



Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature