TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Statement of Conversion

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
CONVERD, LLC		112/10/2010	LIMITED LIABILITY COMPANY: MASSACHUSETTS

RECEIVING PARTY DATA

Name:	CONVERD, LLC
Street Address:	P.O. Box 1078
City:	Denver
State/Country:	COLORADO
Postal Code:	80201
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	77833975	ENVIROBOARD

CORRESPONDENCE DATA

6163367000 Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 616-336-6000

Email: trademarks@varnumlaw.com

Correspondent Name: Timothy E. Eagle

333 Bridge Street, P.O. Box 352 Address Line 1: Address Line 4: Grand Rapids, MICHIGAN 49501

ATTORNEY DOCKET NUMBER:	BRADNER - 325125 (CONV)
NAME OF SUBMITTER:	Timothy E. Eagle
Signature:	/Timothy E. Eagle/

REEL: 004816 FRAME: 0721

TRADEMARK

Date:	07/09/2012
Total Attachments: 5 source=Bradner T4US Conversion#page1.ti source=Bradner T4US Conversion#page2.ti source=Bradner T4US Conversion#page3.ti source=Bradner T4US Conversion#page4.ti source=Bradner T4US Conversion#page5.ti	f f

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Colorado Secretary of State

Date and Time: 12/10/2010 03:30 PM

ID Number: 20101673144

\$50.00

Document number: 20101673144

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.)

	or the converting entity, its ID numbe urisdiction under the law of which it is			rm of entity,
	ID number	(Colorado Secretary of State ID num!	ier)	
	Entity name or true name	CONVERD, LLC		
	Form of entity	Foreign Limited Liability Company		
	Jurisdiction	Massachusetts		
	Street address	15 Benton Drive		
		(Street n	anber and name)	
		East Longmeadow	MA 0	1028
		(Cuy)	(State) United State	(ZIP/Postal Code) es
		(Province – if applicable)	(Country)	 .
	Mailing address (leave blank if same as street address)	(Street number and nam	e or Post Office Box	information)
		(City)	(State)	(ZIP/Pastal Code)
		(Province – if applicable)	(Country)	
	he entity name of the <u>resulting</u> entity is Caution: The use of certain terms or abbrev		d instructions for t	nore information)
3; T	The converting entity has been converte	ed into the resulting entity pur	suant to section	7-90-201.7, C.R.S.
4. <i>a</i>	f applicable, adopt the following statement by man This document contains additional i			

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5. (Caution: Leave blank if the document does legal consequences. Read instructions before		ve date: Stating a delay	ved effective date has	significant
(If the following statement applies, adopt the state The delayed effective date and, if appl			e required format)	
			n/dd/yyyy hour minute i	am/pm)
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The true name and mailing address of	the individual causing	this document to be	delivered for filir	ig are
6. The true name and mailing address of	the individual causing Mundt	this document to be Nicole	delivered for filir Mae	ng are
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6. The true name and mailing address of	Mundt (Last) 621 17th Street	Nicole	Mae (Middle)	
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Colorado Secretary of State

Date and Time: 12/10/2010 03:30 PM

ID Number: 20101673144

\$50.00

Document number: 20101673144

Amount Paid: \$100.00

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

CONVERD, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "Itd. liability company", "limited liability co.", "limited", "Ltc.", "ltc", ar "ltd.", See §7-90-601, C.R.S.)

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

Street address	PO Box 1078			
	(Street number and name)			
	Denver	co	80201	
	(City)	(State) United S	(ZIP/Postal Ci	nde)
	(Province if applicable)	(Countr	39	
Mailing address				
(leave blank if same as street address)	(Street number and	name or Post Office I	Sox information)	
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ent are Name (if an individual) OR (if an entity) (Caution: Do not provide both an indiv	Schneider (Last) idual and an entity name.) 621 17th Street	Susan (First)	pany's initial reg	

Page 1 of 3

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	SS) (Street number	and name or Post Office	Box information)	
	·	CO		
	(City)	(State)	(ZIP Code)	
(The following statement is adopted by mar The person appointed as regis		being so appointe	sd.	
4. The true name and mailing address	s of the person forming the li	mited liability con	npany are	
Name (if an individual)	McLaughlin	Sean		
OR	(Last)	(First)	(Middle)	(Suffix)
(if an entity) (Caution: Do not provide both an in	ndividual and an entity nume.)	- Additional Control of the Control		
Mailing address	PO Box 1078			
a common a common a	(Street numbi	er and name or Post Off	ice Bax information)	
	Denver	CO	80201	***************************************
	(City)	(State) United S	(ZIP/Pastal Cau	(e)
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(If the following statement applies, a	dopt the statement by marking the box	and include an attachi	uent)	
☐ The limited liability compar	ny has one or more additiona mailing address of each such	l persons forming	the limited liability	
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Page 3 of 3

Rev 02/28/2008