

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM326175

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Wastequip, Inc.		06/12/2012	CORPORATION:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Wastequip, LLC		
<b>Street Address:</b>	1901 Roxborough Road		
<b>Internal Address:</b>	Suite 300		
<b>City:</b>	Charlotte		
<b>State/Country:</b>	NORTH CAROLINA		
<b>Postal Code:</b>	28210		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1866004	WASTEQUIP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4123556501		
<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>	(412) 355-6785		
<b>Email:</b>	patricia.foley@klgates.com		
<b>Correspondent Name:</b>	George D. Dickos		
<b>Address Line 1:</b>	210 Sixth Avenue		
<b>Address Line 2:</b>	K&L Gates Center		
<b>Address Line 4:</b>	Pittsburgh, PENNSYLVANIA 15222-2613		
<b>ATTORNEY DOCKET NUMBER:</b>	140194		
<b>NAME OF SUBMITTER:</b>	George D. Dickos		
<b>SIGNATURE:</b>	/George D. Dickos/		
<b>DATE SIGNED:</b>	12/15/2014		
<b>Total Attachments: 9</b>			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page1.tif			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page2.tif			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page3.tif			
source=Wastequip LLC.[conversion.art of org].2012.06.14#page4.tif			
<b>TRADEMARK</b>			

CH \$40.00 1866004

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source=Wastequip LLC.[conversion.art of org].2012.06.14#page7.tif  
source=Wastequip LLC.[conversion.art of org].2012.06.14#page8.tif  
source=Wastequip LLC.[conversion.art of org].2012.06.14#page9.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/14/2012	201216600503	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00		10.00	10.00

**Receipt**

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

DIAMOND ACCESS  
ATTN: LISA VAIDO  
887 SOUTH HIGH STREET  
COLUMBUS, OH 43206

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

736091

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

**WASTEQUIP, LLC**

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

Document(s)

**CONVERSION WITHIN SOS RECORDS**  
CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**201216600503**



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 14th day of June, A.D.  
2012.

Ohio Secretary of State



Form 700 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:  
 Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).  
 P.O. Box 1350  
 Columbus, OH 43216

**Certificate for Conversion for Entities Converting  
 Within or Off the Records of the Ohio Secretary of State  
 Filing Fee: \$125**

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> <b>Converting Within</b> The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> <b>Converting Off</b> The Records of the Ohio Secretary of State <small>(187-VXX)</small>
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Name of the converting entity	Wastequip, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	736091

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

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

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.

RECEIVED  
 SECRETARY OF STATE  
 2012 JUN 14 PM 1:04

Name of the converted entity

Jurisdiction of Formation

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

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

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

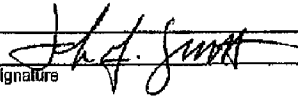
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**  
Must be signed by an authorized representative.

  
Signature

By (if applicable)

John G. Scott, President  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

Wastequip, Inc.

Exact Name of Corporation

If a foreign or domestic corporation licensed to transact business in Ohio is a converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Code, unless the converted new entity is a corporation licensed in Ohio.

Agency	Date Notified	Agency	Date Notified
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	6/8/12	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319	6/8/12
		Overnight: P.O. Box 182413 Columbus, OH 43218-2413	Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	6/8/12	Treasurer The treasurer of any county in which the corporation has personal property:	Date Notified
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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

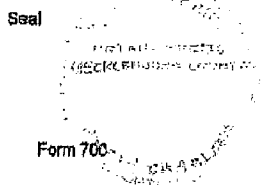
Signature John G. Scott Title President

Name John G. Scott

Mailing Address 1901 Roxborough Road, Suite 300

City Charlotte State NC Zip Code 28210

Acknowledged before me and subscribed in my presence on 6/12/2012 Date



Kern C. Price  
Notary Public Kern C. Price  
Mecklenburg County, North Carolina

Commission Expires 6/25/2013 Date







Form 533A Prescribed by the:  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov  
Busaserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

### Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

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

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

Name of Limited Liability Company Wastequip, LLC

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

Effective Date   
(Optional) mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing  
of the articles or on a later date specified that is not more than ninety days  
after filing)

This limited liability company shall exist for   
(Optional) Period of Existence

Purpose (Optional)

**\*\*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.

RECEIVED  
SECRETARY OF STATE  
2012 JUN 14 PM 1:02  
OHIO SECRETARY OF STATE

**ORIGINAL APPOINTMENT OF AGENT**

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

Wastequip, 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 limited liability company may be served. The name and address of the agent is

CSC- Lawyers Incorporating Service (Corporation Service Company)

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

**ACCEPTANCE OF APPOINTMENT**

The undersigned, named herein as the statutory agent for

Wastequip, LLC

Name of Limited Liability Company

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

*Adam C...*

Individual Agent's Signature / Signature on Behalf of Corporate Agent

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

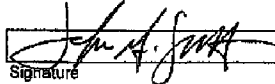
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

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

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

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

  
Signature

By (if applicable)

John G. Scott, Authorized Representative  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name