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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Healthcare Quality Solutions, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation - State Maryland
 Other _____

Additional name(s) of conveying party(ies) attached? YES NO

3. Nature of Conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: September 8, 1999

2. Name and address of receiving party(ies):
Name: Vapotherm, Inc.
Internal Address:
Street Address: 163 Conduit Street
City: Annapolis State: MD ZIP: 21403

Individual(s) Citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation - State Maryland
 Other _____

If Assignee is not domiciled in the United States,
a domestic representative designation is attached: YES NO
(Designation must be a separate document from Assignment)
Additional name(s) & address(es) attached? YES NO

4. Application number(s) or registration number(s):
If this document is being filed together with a new application, the execution date of the application is: _____
A. Trademark Application Number(s) (75/341,382) B. Trademark Registration No.(s) _____

Additional number(s) attached? YES NO

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Joshua L. Cohen
Internal Address: Ratner & Prestia
Street Address: Suite 301, One Westlakes, Berwyn,
P.O. Box 980
City: Valley Forge State: PA ZIP: 19482-0980

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41): \$ 40.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: 18-0350
(Attach duplicate copy of this page if paying by deposit account.)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Joshua L. Cohen November 23, 1999
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 3

OMB No. 0651-0011 (exp. 4/94)

Do not detach this portion

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

12/15/1999 DNGUYEN 00000112 75341382
01 FC:481 40.00 DP

State of Maryland
Department of
Assessments and Taxation



Parris N. Glendening
Governor

Ronald W. Wineholt
Director

Paul B. Anderson
Administrator

Charter Division

HEALTHCARE QUALITY SOLUTIONS, INC.
191 MAIN ST
ANNAPOLIS MD 21401-2006

Date: 09-18-1999

This letter is to confirm acceptance of the following filing:

ENTITY NAME : VAPOTHERM, INC.
DEPARTMENT ID : DO3743218
TYPE OF REQUEST : ARTICLES OF REVIVAL (STOCK) / NAME CHANGE
DATE FILED : 09-08-1999
TIME FILED : 10:10-AM
RECORDING FEE : 50.00
FILING NUMBER : 1000069116000000
CUSTOMER ID : 0000205848
WORK ORDER NUMBER : 0000210322

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK ORDER NUMBER ON ANY INQUIRIES. EVERY YEAR THIS ENTITY MUST FILE A PERSONAL PROPERTY RETURN IN ORDER TO MAINTAIN ITS EXISTENCE EVEN IF IT DOES NOT OWN PERSONAL PROPERTY. A BLANK RETURN WILL BE MAILED BY FEBRUARY OF THE YEAR FOR WHICH THE RETURN IS DUE.

Fed ID: 52-1843004

301 West Preston Street, Baltimore, Maryland 21201
Telephone (410) 767-1350
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

0000344378

chtacc

TRADEMARK
REEL: 001999 FRAME: 0595

ENTITY TYPE: ORDINARY BUSINESS - STOCK
 STOCK: Y
 CLOSE: N
 EFFECTIVE DATE: 09-08-1999
 PRINCIPAL OFFICE: 163 CONDUIT STREET
 ANNAPOLIS MD 21401-0000
 RESIDENT AGENT: WILLIAM F NILAND
 955 NELSON ROAD
 ARNOLD MD 21012

COMMENTS:
 THIS AMENDMENT RECORD INDICATES THE NAME CHANGE FROM: HEALTHCARE QUALITY
 SOLUTIONS, INC.
 TO: VAPOTHERM, INC.

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