Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

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S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Tab settings ⇒ ⇒ ⇒ To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): 2. Name and address of receiving party(ies) 5.7.04 Progeny Systems, LLC Name: Medical Electronic Systems, LLC Internal Address: Individual(s) Association Street Address: 1301 Beverly Green Drive General Partnership Limited Partnership State: CA City: Los Angeles Zip: 90035 Corporation-State Other Limited Liability Company Individual(s) citizenship Association Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No General Partnership 3. Nature of conveyance: Limited Partnership 77 Assignment Corporation-State Security Agreement Change of Name Other Limited Liability Company If assignee is not domiciled in the United States, a domestic ☐ Other representative designation is attached: Yes | Yes (Designations must be a separate document from assignment) Execution Date: 11/24, 11/27 and 12/30/2003 4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 76/207,847 Additional number(s) attached 5. Name and address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: 1 Name: Troy M. Schmelzer 7. Total fee (37 CFR 3.41).....\$ 40.00 Internal Address: Procopio, Cory, Hargreaves & Savitch LLP Authorized to be charged to deposit account 8. Deposit account number: Street Address: 530 B Street; Suite 2100 City: San Diego State: CA Zip: 92101 (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. Troy M. Schmelzer Name of Person Signing Signature Total number of pages include cover sheet, attachments, and document: 00000027 76207847)1 FC:**852**1

40.00 Is I documents to be recorded with required cover sheet information to:
Commissioner of Patert & Trademarks Box Assignments Washington, D.C. 20231

American LegalNet, Inc. www.USCourtForms.com

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ID:916-563-2121

JAN 19'04 16:07 No.005 P.03



State of California Kevin Shelley Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF MERGER

(Corporations Code Section 17552)

Filling Fee - Please see Instructions.

ENDORSED - FILED in the office of the Secretary of State of the State of California

JAN 9 2004

KEVIN SHELLEY Secretary of State

UMPORTANT - Read Instructions before completing this form.			This Space For Filip	ng Use Only	
1. Name of surviving entity:	2. Type of entity:	3. Secretary of State File Nu	mber: 4. Jurisdict	ion:	
Medical Electronic Systems,		200003210022	CA.	}	
5. Name of disappearing entity: Progeny Systems, LLC	6. Type of entity: LLC	7. Secretary of State File Nu 199804810075	mber: B. Jurisdict	ion:	
9. Future effective date, if any:	Month	Day	Year		
10. If a vote was required pursuant to Section 17651 or Section 1113, enter the putstanding interests of each class entitled to vote on the merger and the percentage of vote required: Surviving Entity Disappearing Entity					
Each along political to your	encentage of yele require	Each class exilled to you	Percentage of	vote regulated	
	more than 50%	membership inte			
(only class outstanding			(only class outstanding)		
11. The principal terms of the agreement of merger were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required.					
SECTION 12 IS ONLY APPLICABLE IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, COMPLETE ITEM 12 AND PROCEED TO ITEM 15.					
12. Requisite changes to the information set forth in the Articles of Organization of the surviving limited liability company resulting from the morger. Attach additional pages if necessary. None					
SECTIONS 13 AND 14 ARE APPLICABLE IF THE SURVIVING ENTITY IS A FOREIGN LIMITED LIABILITY COMPANY OR OTHER BUSINESS ENTITY, COMPLETE ITEMS 13 AND 14.					
13. Principal business address of the surviving foreign limited liability company or other business entity:					
Address:					
Addiess.					
City State: Zip Code:					
14. Other information required to be stated in the Cortificate of Merger by the laws under which each constituent other business entity is organized. Attach additional pages if necessary.					
15. Number of pages attached, if any:					
16. I corrier that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and decd.					
I last the holds	John 12/30	/03 Gabriel Deut	sch, Manager	12-30-03	
Signature of Authorized Person for the 8	Surviving Entity Date	Type or Print Name an	d Title of Parson Signing	Date	
maries Sourton	6 4-24-07	Marcia Deuts	ch, Manager	11-24-03	
Signifyry of Approvized Postop for the	Sunding Entity Date	Type or Print Name an	d Title of Person Signing	Date	
Filelly VX had	12/30	/03 Gabriel Deut	sch, Manager	12-30-03	
Signature of Authorized Person for the E			d Title of Porson Signing	Date	
Signature of Authorized Po. Jose for the L	isappearing Entity Date	Type or Print Name on	d Tille of Person Signing	Date	
SECISTATE (REV 01/03)		FORM	FORM LLC4 - FILING FRE: SEE INSTRUCTIONS		

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ID:916-563-2121

16:08 No.005 P.04 JAN 19'04

ATTACHMENT TO LIMITED LIABILITY COMPANY CERTIFICATE OF MERGER (Form LLC-9)

Name of surviving entity:

Medical Electronic Systems, LLC

Type of entity:

Limited liability company

Secretary of State No.:

200003210022

Jurisdiction:

California

Name of disappearing entity:

Progeny Systems, LLC Limited liability company

Type of entity:

Secretary of State No.:

199804810075 California

Jurisdiction:

item 16. (continued)

I certify that the statements contained in this document are true and correct of my own knowledge. I declare that I am the person who is executing this instrument, which execution is my act and deed.

Signature of Authorized Person Date for the Surviving Entity

Zvi Axelrod, Manager Date: Nov/27/03

Zvi Axelrod, Manager Date Nov/27/03

Signature of Authorized Person Date for the Disappearing Entity

DOGGLA-TENBOLES A. RHDLESAN

RECORDED: 05/07/2004

TRADEMARK REEL: 002968 FRAME: 0713