

TO: LEE TRAVIS COMPANY: 96 INVERNESS DRIVE EAST

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

03/31/2009 resubmitted on: 4/2/09.
900130646

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| SUBMISSION TYPE: | NEW ASSIGNMENT |
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|-----------------------|-----------------------|
| NATURE OF CONVEYANCE: | Change of Citizenship |
|-----------------------|-----------------------|

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|----------------------|----------|----------------|-------------------------------------|
| WalkMed Infusion LLC | | 04/29/2008 | LIMITED LIABILITY COMPANY: COLORADO |

RECEIVING PARTY DATA

| | |
|-------------------|-------------------------------------|
| Name: | WalkMed Infusion LLC |
| Street Address: | 96 Inverness Drive East |
| Internal Address: | Suite N |
| City: | Englewood |
| State/Country: | COLORADO |
| Postal Code: | 80112 |
| Entity Type: | LIMITED LIABILITY COMPANY: DELAWARE |

PROPERTY NUMBERS Total: 4

| Property Type | Number | Word Mark |
|----------------------|---------|-----------|
| Registration Number: | 1807370 | INFU-MED |
| Registration Number: | 2230655 | WALKMED |
| Registration Number: | 1834529 | |
| Registration Number: | 2506306 | EPM |

CORRESPONDENCE DATA

Fax Number: (212)750-1850
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 3034209569
 Email: ltravis@walkmed.net
 Correspondent Name: Lee Travis
 Address Line 1: 96 Inverness Drive East
 Address Line 2: Suite N
 Address Line 4: Englewood, COLORADO 80112

| | |
|--------------------|------------|
| NAME OF SUBMITTER: | Lee Travis |
|--------------------|------------|

OP \$115.00 1607370

TO: LEE TRAVIS COMPANY: 96 INVERNESS DRIVE EAST

| | |
|--|--------------|
| Signature: | /Lee Travis/ |
| Date: | 03/31/2009 |
| Total Attachments: 5 source=WalkMed Infusion LLC Colorado Formation Doc#page1.tif source=WalkMed Infusion LLC Colorado Formation Doc#page2.tif source=WalkMed Infusion LLC Colorado Formation Doc#page3.tif source=WalkMed DE LLC Certificate of Formation #page1.tif source=WalkMed DE LLC Certificate of Formation #page2.tif | |

TO: LEE TRAVIS COMPANY: 96 INVERNESS DRIVE EAST



Colorado Secretary of State

Date and Time: 05/04/2007 10:39 AM

Id Number: 20071216722

Document number: 20071216722

Document processing fee

If document is filed on paper

\$125.00

If document is filed electronically

\$ 25.00

Fees & forms/cover sheets

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To file electronically, access instructions

for this form/cover sheet and other

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documents, visit www.sos.state.co.us

and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to §7-90-301, et seq. and §7-80-204 of the Colorado Revised Statutes (C.R.S)

1. Entity name:

WalkMed Infusion LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "liability company", "limited liability co.", "liability co.", "limited", "llc", "l.l.c.", or "ltd." §7-90-601, C.R.S.)

2. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

3. Principal office street address:

4080 Youngfield Street

(Street name and number)

Wheat Ridge

(City)

CO 80033

(State)

(Postal/Zip Code)

United States

(Province - if applicable)

(Country - if not US)

4. Principal office mailing address (if different from above):

(Street name and number or Post Office Box information)

(City)

(State)

(Postal/Zip Code)

(Province - if applicable)

(Country - if not US)

5. Registered agent name (if an individual):

Wright

(Last)

David

(First)

W

(Middle)

(Suffix)

OR (if a business organization):

6. The person identified above as registered agent has consented to being so appointed.

7. Registered agent street address:

5 Willowleaf Drive

(Street name and number)

Littleton

(City)

CO

(State)

80127

(Postal/Zip Code)

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8. Registered agent mailing address
(if different from above):

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

9. Name(s) and mailing address(es)
of person(s) forming the limited
liability company:

(if an individual) Wright David W
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

5 Willowleaf Drive
(Street name and number or Post Office Box information)

Littleton CO 80127
(City) (State) (Postal/Zip Code)

United States
(Province - if applicable) (Country - if not US)

(if an individual) Travis Lee
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

3174 E. Hinsdale Place
(Street name and number or Post Office Box information)

Centennial CO 80122
(City) (State) (Postal/Zip Code)

United States
(Province - if applicable) (Country - if not US)

(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR (if a business organization)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

United States
(Province - if applicable) (Country - if not US)

(If more than three persons are forming the limited liability company, mark this box and include an attachment stating the true names and mailing addresses of all additional persons forming the limited liability company)

10. The management of the limited liability company is vested in managers
OR is vested in the members

11. There is at least one member of the limited liability company.

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12. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

13. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box and include an attachment stating the additional information.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

| | | | |
|--|------------------------|--------------------------------------|-------------------------|
| Judd | Joel | | |
| <small>(Last)</small> | <small>(First)</small> | <small>(Middle)</small> | <small>(Suffix)</small> |
| 2222 S. Albion St | | | |
| <small>(Street name and number or Post Office Box information)</small> | | | |
| Ste 100 | | | |
| <small>(Street name and number or Post Office Box information)</small> | | | |
| Denver | CO | 80222 | |
| <small>(City)</small> | <small>(State)</small> | <small>(Postal/Zip Code)</small> | |
| <small>(Province - if applicable)</small> | | <small>(Country - if not US)</small> | |
| United States | | | |

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Colorado
- 2.) The jurisdiction immediately prior to filing this Certificate is Colorado
- 3.) The date the Non-Delaware Limited Liability Company first formed is May 4, 2007
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is WalkMed Infusion LLC
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is WalkMed Infusion LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
29th day of April, A.D. 2008

By: 
Authorized Person

Name: Lee Travis
Print or Type

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

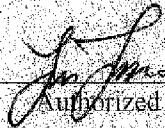
• **First:** The name of the limited liability company is WalkMed Infusion LLC

• **Second:** The address of its registered office in the State of Delaware is
1209 Orange Street in the City of Wilmington, DE
Zip Code 19801

The name of its Registered agent at such address is
The Corporation Trust Company

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
29th day of April, 2008

By: 
Authorized Person(s)

Name: Lee Travis
Typed or Printed