

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Therapeutic Research Faculty, LLC		08/01/2012	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Therapeutic Research Faculty, LLC		
Street Address:	3120 W. March Lane		
City:	Stockton		
State/Country:	CALIFORNIA		
Postal Code:	95219		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2452590	NATURAL MEDICINES COMPREHENSIVE DATABASE	
CORRESPONDENCE DATA			
Fax Number:	2124464900		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	susan.zablocki@kirkland.com		
Correspondent Name:	Susan Zablocki		
Address Line 1:	Kirkland & Ellis LLP		
Address Line 2:	601 Lexington Avenue		
Address Line 4:	New York, NEW YORK 10022		
ATTORNEY DOCKET NUMBER:	12626-79		
NAME OF SUBMITTER:	Susan Zablocki		
Signature:	/susan zablocki/		

Date:

08/03/2012

**Total Attachments: 13**

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**State of California  
Secretary of State**

LLC-1A

File # ~~201221410139~~

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

**AUG -1 2012**

**Limited Liability Company  
Articles of Organization - Conversion**

**IMPORTANT — Read all instructions before completing this form.**

This Space For Filing Use Only

**Converted Entity Information**

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Therapeutic Research Faculty, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

ONE MANAGER

MORE THAN ONE MANAGER

ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

CITY

STATE ZIP CODE

3120 W. March Lane

Stockton

CA 95219

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)

C T Corporation System

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA

CITY

STATE ZIP CODE

CA

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE ZIP CODE

THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

**Converting Entity Information**

8. NAME OF CONVERTING ENTITY

Therapeutic Research Faculty

9. FORM OF ENTITY

S-Corporation

10. JURISDICTION

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

C2167257

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

Series A Common Stock, 20,000

51%

Series B Common Stock, 80,000

51%

**Additional Information**

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

8/1/2012

DATE

SIGNATURE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Jeff Jellin, President

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

Marsha Jellin, Secretary

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

100-100000-100000



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 01 2012

Date: \_\_\_\_\_

*Debra Bowen*  
DEBRA BOWEN, Secretary of State



**State of California**  
**Secretary of State**

CONV-1A

File # **201221410139**

**CERTIFICATE OF CONVERSION**

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

**AUG 01 2012**

**IMPORTANT — Read all instructions before completing this form.**

*This Space For Filing Use Only*

**CONVERTED ENTITY INFORMATION**

1. NAME OF CONVERTED ENTITY Therapeutic Research Faculty, LLC			
2. FORM OF ENTITY LLC		3. JURISDICTION Delaware	
4. MAILING ADDRESS OF CHIEF EXECUTIVE OFFICE 3120 W. March Lane	CITY Stockton	STATE CA	ZIP CODE 95219
5. STREET ADDRESS OF CHIEF EXECUTIVE OFFICE 3120 W. March Lane	CITY Stockton	STATE CA	ZIP CODE 95219
6. STREET ADDRESS OF THE CALIFORNIA OFFICE, IF ANY 3120 W. March Lane	CITY Stockton	STATE CA	ZIP CODE 95219
7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS 3120 W. March Lane	CITY Stockton	STATE CA	ZIP CODE 95219

**CONVERTING ENTITY INFORMATION**

8. NAME OF CONVERTING ENTITY Therapeutic Research Faculty, LLC		
9. FORM OF ENTITY LLC	10. JURISDICTION California	11. CA SECRETARY OF STATE FILE NUMBER, IF ANY 201221410139
12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS: STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS		
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8/1/2012

DATE:

SIGNATURE OF AUTHORIZED PERSON

Jeff Jellin, President of TRJM Holdings, Inc., its Member  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Marsha Jellin, Secretary of TRJM Holdings, Inc., its Member  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

CONV-1A (REV 01/2008)

APPROVED BY SECRETARY OF STATE



I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 02 2012

Date: \_\_\_\_\_ *Bo*

*Debra Bowen*  
DEBRA BOWEN, Secretary of State

TRADEMARK

REEL: 004835 FRAME: 0852

# Delaware

PAGE 1

*The First State*

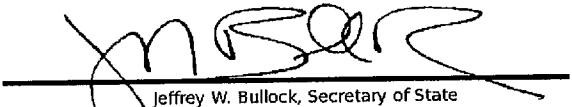
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "THERAPEUTIC RESEARCH FACULTY, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE FIRST DAY OF AUGUST, A.D. 2012, AT 10:25 O'CLOCK A.M.

5192318 8100V

120892831



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9750040

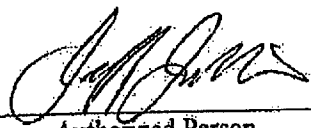
DATE: 08-01-12

TRADEMARK  
REEL: 004835 FRAME: 0853

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 California.
- 2.) The jurisdiction immediately prior to filing this Certificate is California.
- 3.) The date the Non-Delaware Limited Liability Company first formed is June 22, 1999.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Therapeutic Research Faculty, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Therapeutic Research Faculty, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
1st day of August, A.D. 2012.

By:   
Authorized Person

Name: Jeff Jelton  
Print or Type



# Delaware

PAGE 2

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "THERAPEUTIC RESEARCH FACULTY, LLC" FILED IN THIS OFFICE ON THE FIRST DAY OF AUGUST, A.D. 2012, AT 10:25 O'CLOCK A.M.



5192318 8100V

120892831

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9750040

DATE: 08-01-12

TRADEMARK  
REEL: 004835 FRAME: 0855

CERTIFICATE OF FORMATION  
OF  
THERAPEUTIC RESEARCH FACULTY, LLC

The undersigned, being an authorized person, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Chapter 18, Title 6, Delaware Code, Section 18-101 et seq. (the "Act"), hereby certifies, pursuant to Section 18-201(a) of the Act, that:

1. Name of Limited Liability Company. The name of the limited liability company (the "Company") is: "Therapeutic Research Faculty, LLC".
2. Registered Office. The address of the Company's registered office in the State of Delaware is: 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.
3. Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is: Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808.

This Certificate of Formation is duly executed and filed pursuant to the provisions of Section 18-201 of the Act.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Therapeutic Research Faculty, LLC this 1st day of August, 2012.



Name: Jeff Jellis  
Title: Authorized Person

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THERAPEUTIC RESEARCH FACULTY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF AUGUST, A.D. 2012.

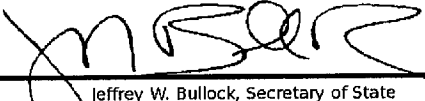
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5192318 8300

120899331

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9753688

DATE: 08-02-12

TRADEMARK  
REEL: 004835 FRAME: 0857

# Delaware

PAGE 1

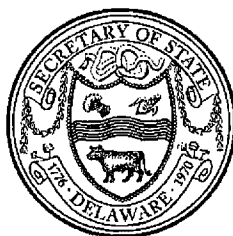
*The First State*

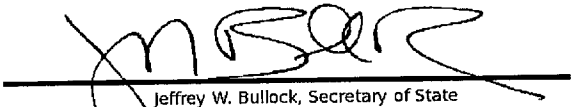
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5192318 8100V

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9753689

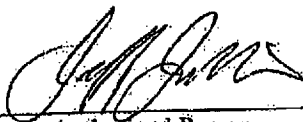
DATE: 08-02-12

TRADEMARK  
REEL: 004835 FRAME: 0858

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1st day of August, A.D. 2012.

By:   
Authorized Person

Name: Jeff Jellison  
Print or Type

# Delaware

PAGE 2

*The First State*

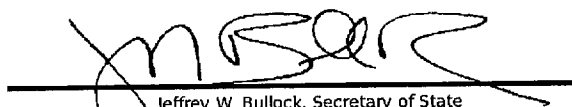
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AUTHENTICATION: 9753689

DATE: 08-02-12

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Name: Jeff Jellison  
Title: Authorized Person