

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/31/2010		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Y BRAND OUTLOOK, LLC		12/28/2010	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Ignite Health, LLC		
Street Address:	8955 Research Drive		
City:	Irvine		
State/Country:	CALIFORNIA		
Postal Code:	92618		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3116941	Y BRAND	
Registration Number:	3116907	Y BRAND	
CORRESPONDENCE DATA			
Fax Number:	6144642634		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	614-462-5458		
Email:	trademarks@keglerbrown.com		
Correspondent Name:	Stephen C. Barsotti		
Address Line 1:	65 East State Street		
Address Line 2:	Suite 1800		
Address Line 4:	Columbus, OHIO 43215		
ATTORNEY DOCKET NUMBER:	104601.18		

NAME OF SUBMITTER:	Stephen C. Barsotti
Signature:	/SCB/
Date:	07/24/2013
<p>Total Attachments: 9</p> <p>source=YBrand_Outlook#page1.tif</p> <p>source=YBrand_Outlook#page2.tif</p> <p>source=YBrand_Outlook#page3.tif</p> <p>source=YBrand_Outlook#page4.tif</p> <p>source=YBrand_Outlook#page5.tif</p> <p>source=YBrand_Outlook#page6.tif</p> <p>source=YBrand_Outlook#page7.tif</p> <p>source=YBrand_Outlook#page8.tif</p> <p>source=YBrand_Outlook#page9.tif</p>	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/30/2010	201036400086	MERGED OUT OF EXISTENCE (MEX)	125.00	200.00		.00	.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, Jennifer Brunner

1304397

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

Y BRAND OUTLOOK, LLC

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

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

201036400086

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 31st day of December,
A.D. 2010.

Ohio Secretary of State



Form 651 Prescribed by the:
Ohio Secretary of State
General Ohio: (614) 468-3810
Toll Free: (877) 508-FILE (767-3453)
www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form? (select one)	
Mail form to one of the following:	
PO Box 1800 Columbus, OH 43216	<input type="radio"/> Expedite
PO Box 1128 Columbus, OH 43216	<input type="radio"/> Non Expedite

CERTIFICATE OF MERGER
Filing Fee \$125
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. SURVIVING ENTITY

- A. Name of the entity surviving the merger Ignite Health LLC
- B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following
(Complete only if name of surviving entity is changing through the merger)
- C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)
- ☐ Domestic (Ohio) For-Profit Corporation, charter number _____
- ☐ Domestic (Ohio) Nonprofit Corporation, charter number _____
- ☐ Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the jurisdiction of _____ and licensed to transact business in the state of Ohio under license number _____
- ☐ Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the jurisdiction of _____ and NOT licensed to transact business in the state of Ohio
- ☐ Foreign (Non-Ohio) Nonprofit Corporation under the laws of the jurisdiction of _____ and licensed to transact business in the state of Ohio under license number _____
- ☐ Foreign (Non-Ohio) Nonprofit Corporation under the laws of the jurisdiction of _____ and NOT licensed to transact business in the state of Ohio
- ☐ Domestic (Ohio) For-Profit Limited Liability Company, with registration number _____
- ☐ Domestic (Ohio) Nonprofit Limited Liability Company, with registration number _____
- ☐ Foreign (Non-Ohio) For-Profit Limited Liability Company organized under the laws of the jurisdiction of _____ registered to do business in the state of Ohio under registration number _____
- ☒ Foreign (Non-Ohio) For-Profit Limited Liability Company organized under the laws of the jurisdiction of Delaware and NOT registered to do business in the state of Ohio

RECEIVED
SECRETARY OF STATE
2010 DEC 29 PM 4:22
CLIENT SERVICE CENTER

☐ Foreign (Non-Ohio) Nonprofit Limited Liability Company organized under the laws of the jurisdiction of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) Nonprofit Limited Liability Company organized under the laws of the jurisdiction of _____ and NOT registered to do business in the State of Ohio

☐ Partnership, registration number, if any, _____

☐ Partnership NOT registered with the state of Ohio _____

☐ Domestic (Ohio) Limited Partnership, with registration number _____

☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the jurisdiction of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) Limited Partnership organized under the laws of the jurisdiction of _____ and NOT registered to do business in the state of Ohio

☐ Domestic (Ohio) Limited Liability Partnership, with the registration number _____

☐ Foreign (Non-Ohio) Limited Liability Partnership organized under the laws of the jurisdiction of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) Limited Liability Partnership organized under the laws of the jurisdiction of _____ and NOT registered to do business in the state of Ohio

II. CONSTITUENT ENTITY

Provide the name, charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities)

Name	Charter, License, Registration, or Registration Number	Jurisdiction of Formation	Type of Entity
Y Brand Outlook LLC	1304397	Ohio	Limited Liability Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Intervly Health, Inc.	500 Abium Drive
Name	Mailing Address
Somerset	NJ
City	State
	Zip Code

IV. **EFFECTIVE DATE OF MERGER**
 This merger is to be effective on 12/31/10 at 11:59 P.M. (The date specified must be on or after the date of the filing; the effective date of the merger cannot be earlier than the date of filing. If no date is specified, the date of filing will be the effective date of the merger).

V. **MERGER AUTHORIZED**
 Each constituent entity has complied with all of the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. **STATEMENT OF MERGER**
 Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. **STATUTORY AGENT**
 If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, OR if the surviving entity is a domestic corporation, limited liability company, or limited partnership entity updating its agent information, provide the name and address of statutory agent upon whom any process, notice or demand may be served.

CSC-Lawyers Incorporating Service

(Corporation Service Company) 50 West Broad Street, Suite 1800
 Name Mailing Address

Columbus Ohio 43215
 City State Zip Code

VIII. **ACCEPTANCE OF AGENT**
 If the new entity is a domestic corporation, domestic limited liability company, partnership or domestic limited partnership, then the agent must accept appointment.

The undersigned, named herein as the statutory agent upon whom service of process against any constituent entity or the surviving entity may be served, hereby acknowledges and accepts the appointment of statutory agent.

 **Troy Todd**
 Signature of Agent Assistant Vice President 12/29/2010
 Date

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

IX. **AMENDMENTS**
 In the case of a merger into a domestic corporation, limited liability company, or limited partnership, any amendments to the articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

☐ Amendments are attached ☐ No Amendments

X. **REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE**
 If a domestic or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving or new entity resulting from the merger is not a domestic or foreign corporation that is to be licensed to transact business in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 and division (G) of section 1702.47 of the Revised Code with respect to each domestic corporation, and by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

XI QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

- A. The surviving foreign entity desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, partnership, limited partnership, or limited liability partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio.

Name _____	Mailing Address _____	
City _____	Ohio _____ State _____	Zip Code _____

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

The surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or limited liability partnership ("surviving entity") irrevocably consents to (1) service of process on the statutory agent listed above as long as authority of the agent continues, and (2) to service of process upon the Secretary of State of Ohio if the agent cannot be found. If the surviving entity fails to designate another agent, as required by Ohio law, the surviving entity's license or registration to do business in Ohio expires or is canceled.

- B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Qualifying Corporation (Section 1703.04)

(If the qualifying entity is a foreign corporation, the following information must be completed.)

- (a) Name of the corporation in its jurisdiction of formation

- (b) If the corporate name is not available, the trade name under which it will do business in Ohio

- (c) Location and complete address of its principal office

Mailing Address _____

City _____ State _____ Zip Code _____

- (d) Name of the county in which its principal office in Ohio, if any, is to be located

- (e) A brief summary of the corporate purpose to be exercised within Ohio

- (f) To procure a license to transact business in Ohio, a foreign corporation for-profit must file with the secretary of state a certificate of good standing or subsistence, dated not earlier than 90 days prior to the filing of the application, under the seal of the secretary of state, or other proper official, of the jurisdiction under the laws of which said corporation was incorporated, setting forth: (1) the exact corporate title; (2) the date of incorporation; and (3) the fact that the corporation is in good standing or is a subsisting corporation.

2 Foreign Notice (Section 1703.031)

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, the following information must be completed.)

- (a) Name of the Foreign nationally/federally chartered bank, savings bank, or savings and loan association

- (b) Any trade name(s) under which the corporation will conduct business in Ohio

- (c) Location of the corporation's main office (Non-Ohio)

Mailing Address

City

State

Zip Code

- (d) Principal office location in Ohio

Mailing Address

City

Ohio

State

Zip Code

(If there will not be an office in Ohio, please state "None" on the form)

- (e) The corporation will exercise the following purpose(s) in Ohio

3. Foreign Qualifying Limited Liability Company (Section 1703.54)

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

- (a) Name of the For-Profit or Nonprofit limited liability company in its jurisdiction of formation

- (b) Name under which the limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation)

- (c) The limited liability company was formed on

Date

under the laws of the jurisdiction of

Jurisdiction

- (d) Address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company

Mailing Address

City

State

Zip Code

4. Foreign Qualifying Limited Partnership under section 1782.49
(If the qualifying entity is a foreign limited partnership, the following information must be completed.)

- (a) Name of the limited partnership

- (b) The limited partnership was formed on

Date

Under the laws of the jurisdiction of

Jurisdiction

- (c) Address of the office of the limited partnership in its jurisdiction of formation

Mailing Address

City

State

Zip Code

- (d) Address of the limited partnership's principal office

Mailing Address

City

State

Zip Code

- (e) The names and business or residence addresses of the general partners of the partnership are as follows:

Name

Mailing Address

Name

Mailing Address

Name

Mailing Address

Name

Mailing Address

(Please attach additional separate sheet(s) listing other general partners and their addresses as needed)

- (f) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained

Mailing Address

City

State

Zip Code

The limited partnership hereby certifies that it shall maintain such records until the registration of the limited partnership in Ohio is canceled or withdrawn.

5. Foreign Qualifying Limited Liability Partnership (Section 1776.66) (If the qualifying entity is a foreign limited liability partnership, the following information must be completed.)

- (a) Name of the partnership

Name must include one of the following phrases or abbreviations: "registered limited liability partnership," "limited liability partnership," "R.L.L.P.," "L.L.P.," "R.L.P.," or "L.P."

- (b) The partnership was formed under the laws of the jurisdiction of _____

- (c) Address of the partnership's chief executive office

Mailing Address

City

State

Zip Code

- (d) If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists.

Mailing Address

City

Ohio
State

Zip Code

- (e) Foreign limited liability partnership must attach evidence of existence in its jurisdiction of formation (original).

(Proceed to page 8 for signatures of authorized officers, partners and representatives.)

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below

Y BRAND OUTLOOK LLC
Exact name of entity
By: [Signature]
Signature Nat Krishnamurti
Its: Authorized Representative
Title
Date: 12/28/10

IGNITE HEALTH LLC
Exact name of entity
By: [Signature]
Signature Nat Krishnamurti
Its: Authorized Representative
Title
Date: 12/28/10

Exact name of entity
By: _____
Signature
Its: _____
Title
Date: _____

Exact name of entity
By: _____
Signature
Its: _____
Title
Date: _____

Exact name of entity
By: _____
Signature
Its: _____
Title
Date: _____

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1708.38(A), 1778.70(A), 1782.433(A)).