

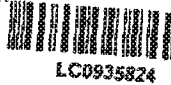
TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/27/2012		
CONVEYING PARTY DATA			
	Name	Formerly	Execution Date
	GENESIS MEDICAL IMAGING, INC.		12/27/2012
			CORPORATION: ILLINOIS
RECEIVING PARTY DATA			
Name:	GENESIS OPCO, LLC		
Street Address:	12031 Smith Drive		
City:	Huntley		
State/Country:	ILLINOIS		
Postal Code:	60142		
Entity Type:	LIMITED LIABILITY COMPANY: ILLINOIS		
PROPERTY NUMBERS Total: 2			
	Property Type	Number	Word Mark
	Registration Number:	4107515	COLDTRAC
	Registration Number:	3533180	GENESIS MEDICAL IMAGING
CORRESPONDENCE DATA			
Fax Number:	3128637806		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	312-863-7198		
Email:	nancy.brougher@goldbergkohn.com		
Correspondent Name:	Nancy Brougher		
Address Line 1:	Goldberg Kohn Ltd.		
Address Line 2:	55 East Monroe Street, Suite 3300		
Address Line 4:	Chicago, ILLINOIS 60603		
ATTORNEY DOCKET NUMBER:	2834.191		

OP \$65.00 4107515

NAME OF SUBMITTER:	Nancy Brougher
Signature:	/njb/
Date:	08/01/2013
Total Attachments: 2 source=Genesis Opco, LLC Merger#page1.tif source=Genesis Opco, LLC Merger#page2.tif	



Form **LLC-37.25**
May 2012

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Articles of Merger

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$ 100.00
(Filing fee \$100 plus \$50 each entity more than two)

Approved: RD

FILE # 04169808
The space for use by Secretary of State.

FILED
DEC 27 2012

JESSE WHITE
SECRETARY OF STATE

PAID

DEC 28 2012

1. Names of Entities proposing to merge:

Name of Entity	Type of Entity (Corporation, Limited Liability Company, Limited Partnership, General Partnership or other permitted entity)	Domestic State or Country	Date of Organization on Admission to Illinois	Illinois Secretary of State File Number (if any)
<u>Genesis Opco, LLC</u>	<u>LLC</u>	<u>Illinois</u>	<u>12/26/2012</u>	<u>04169808</u>
<u>Genesis Medical Imaging, Inc.</u>	<u>Corporation</u>	<u>Illinois</u>	<u>08/31/1998</u>	<u>60109621</u>

DEPARTMENT OF
BUSINESS SERVICES

* If a corporation is a party to the merger, a copy of the plan as approved is attached to these Articles of Merger.

2. a. Name of Surviving Entity: Genesis Opco, LLC

b. Address of Surviving Entity: 12031 Smith Drive, Huntley, IL 60142

3. Effective date of merger: (check one)

a. the filing date, or
b. a later date, but not more than 30 days subsequent to the filing date: _____
Month, Day, Year

4. If the survivor is a Limited Liability Company, indicate changes that are necessary to its Articles of Organization by reason of this merger:


Please see attached Plan of Merger


LLC-37.25

If the surviving entity is not a Limited Liability Company, the entity agrees that it may be served with process in Illinois and is subject to liability in any action or proceeding for the enforcement of any liability or obligation of a Limited Liability Company previously subject to suit in this State, which is to merge, and for the enforcement, as provided in this Act, of the right of members of any Limited Liability Company to receive payment for their interest against the surviving entity.

- 5. Each LLC or other entity that is party to this Merger has signed below and affirms, under penalty of perjury, that the facts stated herein are true, correct and complete.

Dated December 27 2012
Month & Day Year

1. 
Signature
Robert Dakessian, President
Name and Title (type or print)
Genesis Medical Imaging, Inc.
Name if a Corporation or other Entity

2. 
Signature
Robert Dakessian President
Name and Title (type or print)
Genesis Holdco, Inc., Member
Name if a Corporation or other Entity

3. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

4. _____
Signature

Name and Title (type or print)

Name if a Corporation or other Entity

If more space is needed, please attach additional sheets of this size.

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**