

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
Pharmacy Choice, Inc.		12/19/2013	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Pharmacy Choice, LLC		
Street Address:	12400 High Bluff Drive, Suite 100		
City:	San Diego		
State/Country:	CALIFORNIA		
Postal Code:	92130		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Serial Number:	78226319	RX CAREER CENTER	
Serial Number:	78010770	PHARMACY CHOICE	
Serial Number:	78293738	RXTECHSCHOOL	
Serial Number:	78243157	RXSCHOOL	
CORRESPONDENCE DATA			
Fax Number:	8586785099		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(858) 678-5070		
Email:	tmdoctc@fr.com		
Correspondent Name:	Fish & Richardson P.C.		
Address Line 1:	P.O. Box 1022		
Address Line 4:	Minneapolis, MINNESOTA 55440-1022		
ATTORNEY DOCKET NUMBER:	16908-0092001		
NAME OF SUBMITTER:	Lisa M. Martens		

CH \$115.00 78226319

TRADEMARK

Signature:	/lisa m martens/
Date:	01/09/2014
Total Attachments: 7 source=Conversion#page1.tif source=Conversion#page2.tif source=Conversion#page3.tif source=Conversion#page4.tif source=Conversion#page5.tif source=Conversion#page6.tif source=Conversion#page7.tif	



Colorado Secretary of State
 Date and Time: 12/19/2013 10:02 AM
 ID Number: 20001138616
 Document number: 20131721543
 Amount Paid: \$100.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
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ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number	<u>20001138616</u> <i>(Colorado Secretary of State ID number)</i>
Entity name or true name	<u>PHARMACY CHOICE, INC.</u>
Form of entity	<u>Corporation</u>
Jurisdiction	<u>Colorado</u>
Street address	<u>425 South Cherry Street</u> <i>(Street number and name)</i> <u>Ste 200</u> <u>Denver</u> <u>CO</u> <u>80246</u> <i>(City) (State) (ZIP/Postal Code)</i> <u>United States</u> <i>(Province – if applicable) (Country)</i>
Mailing address (leave blank if same as street address)	<u>12400 High Bluff Dr. Ste. 100</u> <i>(Street number and name or Post Office Box information)</i> <u>ATTN: LEGAL DEPT.</u> <u>San Diego</u> <u>CA</u> <u>92130</u> <i>(City) (State) (ZIP/Postal Code)</i> <u>United States</u> <i>(Province – if applicable) (Country)</i>

2. The entity name of the resulting entity is PHARMACY CHOICE, LLC
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)
3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.
4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*
 This document contains additional information as provided by law.
5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
 The delayed effective date and, if applicable, time of this document are _____
(mm/dd/yyyy hour:minute am/pm)

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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 such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such 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 identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Jackson	Denise	L	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
12400 High Bluff Dr.			
<i>(Street number and name or Post Office Box information)</i>			
Ste. 100			
<hr/>			
San Diego	CA	92130	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
United States			
<i>(Province -- if applicable)</i>		<i>(Country)</i>	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

PHARMACY CHOICE, LLC

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

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

425 South Cherry Street

(Street number and name)

Ste 200

Denver

(City)

CO

(State)

80246

(ZIP/Postal Code)

United States

(Country)

(Province -- if applicable)

Mailing address

(leave blank if same as street address)

12400 High Bluff Dr. Ste. 100

(Street number and name or Post Office Box information)

ATTN: LEGAL DEPT.

San Diego

(City)

CA

(State)

92130

(ZIP/Postal Code)

United States

(Country)

(Province -- if applicable)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Corporation Service Company

Street address

1560 Broadway

(Street number and name)

Suite 2090

Denver

(City)

CO

(State)

80202

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO (State) _____ (ZIP Code)

(The following statement is adopted by marking the box.)

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

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Jackson Denise L
(Last) (First) (Middle) (Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Mailing address 12400 High Bluff Dr.
(Street number and name or Post Office Box information)
Ste. 100
San Diego CA 92130
(City) (State) (ZIP/Postal Code)
United States
(Province -- if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

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

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

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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.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

Jackson	Denise	L	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
12400 High Bluff Dr.			
<i>(Street number and name or Post Office Box information)</i>			
Ste. 100			
<i>(Street number and name or Post Office Box information)</i>			
San Diego	CA	92130	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	United States		
<i>(Province – if applicable)</i>	<i>(Country)</i>		

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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State of Colorado
Department of the Secretary of State

ARTICLES OF ORGANIZATION INCLUDING
ARTICLES OF CONVERSION

Pursuant to Sections 7-90-201 and 7-90-202, et seq., of the Colorado Revised Statutes (the "C.R.S.") of the 2001 Colorado Corporations and Associations Act, the undersigned converting business entity does hereby submit these Articles of Organization Including Articles of Conversion for the purpose of converting a domestic corporation into a domestic limited liability company.

1. The name of the limited liability company is **Pharmacy Choice, LLC**. The limited liability company ("Company") is being established pursuant to a conversion of another business entity.

2. The name of the converting business entity is **Pharmacy Choice, Inc.** and the organization and internal affairs of the converting business entity are governed by the laws of the State of Colorado. A plan of conversion has been approved by the converting business entity as required by law.

3. The converting business entity is a domestic corporation.

4. There shall be no limit on the duration of the Company.

5. The name and address of the person executing these Articles of Organization is as follows:

Denise L. Jackson, Organizer
12400 High Bluff Drive
San Diego, California 92130

6. The street address and county of the initial registered office of the Company is:

1560 Broadway, Suite 2090
Denver, CO 80202
Denver County

7. The name of the initial registered agent is: Corporation Service Company

8. The street address, mailing address and county of the principal office of the Company is:

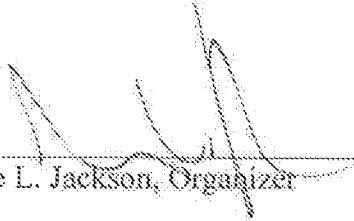
12400 High Bluff Drive
San Diego, California 92130
San Diego County

9. The Company shall be member-managed. All members by virtue of their status as members shall be managers of the Company.

10. The Company shall indemnify its members, managers and executives to the fullest extent permitted by Sections 7-90-201 and 7-90-202, et seq., of the C.R.S. of the 2001 Colorado Corporations and Associations Act.

11. These Articles of Organization will be effective at noon on December 19, 2013.

This is the 19th day of December, 2013.



Denise L. Jackson, Organizer