

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM307345

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	07/06/1998

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Polymer Diagnostics, Inc.		07/06/1998	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Polymer Diagnostics, Inc.
Street Address:	33587 Walker Road
City:	Avon Lake
State/Country:	OHIO
Postal Code:	44012
Entity Type:	CORPORATION: OHIO

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	2855015	MIND MUSCLE
Registration Number:	2313072	POLYMER DIAGNOSTICS INC.

CORRESPONDENCE DATA

Fax Number: 4409303830

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 440-930-3832

Email: maria.hoke@polyone.com

Correspondent Name: Maria M. Hoke

Address Line 1: 33587 Walker Road

Address Line 4: Avon Lake, OHIO 44012

NAME OF SUBMITTER:	Maria M. Hoke
SIGNATURE:	/Maria M. Hoke/
DATE SIGNED:	06/11/2014

Total Attachments: 8

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Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418
Form MER (July 1994)

Approved _____
Date _____
Fee _____

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law the undersigned corporation, limited liability companies and/or limited partnerships, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Polymer Diagnostics, Inc.

(If the surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)

B. Name change: As a result of this merger, the name of the surviving entity has been changed to the following: _____

(complete only if the 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) corporation

Foreign (Non-Ohio) corporation incorporated under the laws of state/country of _____ and licensed to transact business in the state of Ohio.

Foreign (Non-Ohio) corporation incorporated under the laws of state/country of _____, and NOT licensed to transact business in the state of Ohio.

Domestic (Ohio) limited liability company

Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____, and registered to do business in the state of Ohio.

Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____, and NOT registered to do business in the state of Ohio.

Domestic (Ohio) limited partnership, registration number _____

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BOB TAFT
SECRETARY OF STATE

- Foreign (Non-Ohio) limited partnership organized under the laws of the state/country 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 state/country of _____, and NOT registered to do business in the state of Ohio.

II. Merging Entities

The name, type of entity, and state/country of incorporation or organization, respectively, of each entity, other than the survivor, which is a party to the merger are as follows: (If insufficient space to cover this item, please attach a separate sheet listing the merging entities. Ohio registered or foreign qualified limited partnerships must include registration number)

Name	State/Country of Organization	Type of Entity
<u>Polymer Diagnostics, Inc.</u>	<u>Delaware</u>	<u>Corporation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 agreement of merger upon written request:

Name	Address
<u>Woodrow W. Ban</u>	<u>One Geon Center</u> (street and number)
	<u>Avon Lake, OH 44012</u> (city, village or township) (state) (zip code)

IV. Effective Date of Merger

This merger is to be effective:

On filing (If a date is specified, the date must be a date on or after the date of 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

The laws of the state or country under which each constituent entity exists, permits this merger.

This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. Statutory Agent

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

Name	Address
	<small>(complete street address)</small>
	<small>(city, village or township) (zip code)</small>

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct or transact business in the State of Ohio)

Acceptance of Agent

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name reflected on the Secretary of State's records.)

VII. Statement of Merger

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VIII. Amendments

The articles of incorporation, articles of organization or certificate of limited partnership (strike the inapplicable terms) of the surviving domestic entity herein, are amended as set forth in the attached "Exhibit A"

NONE

(Please note that any amendments to articles of incorporation, articles of organization or to a certificate of limited partnership MUST be attached if the surviving entity is a DOMESTIC corporation, limited liability company, or limited partnership.)



IX. Qualification or Licensure of Foreign Surviving Entity N/A

A. The listed surviving foreign corporation, limited liability company, or limited partnership desires to transact business in Ohio as a foreign corporation, foreign limited liability company, or foreign limited 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. The name and complete address of the statutory agent is:

(name) (street and number)
_____, Ohio _____
(city, village or township) (zip code)

The subject surviving foreign corporation, limited liability company or limited partnership irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State if the agent cannot be found, if the corporation, limited liability company or limited partnership fails to designate another agent when required to do so, or if the corporation's, limited liability company's, or limited partnership's license or registration to do business in Ohio expires or is cancelled.

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

1. **Foreign Qualifying Limited Company**
(If the qualifying entity is a foreign limited liability company, the following information must be completed)

- a. The name of the limited liability company in its state of organization/registration is _____
- b. The name under which the limited liability company desires to transact business in Ohio is _____
- c. The limited liability company was organized or registered on _____ under the laws of the state/country of _____
month day year
- d. The address to which interested persons may direct request for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: _____



2. **Foreign Qualifying Limited Partnership**
 (If the qualifying entity is a foreign limited partnership, the following information must be completed)

a. The name of limited partnership is _____

b. The limited partnership was formed on _____
month day year
 under the laws of the state/country of _____

c. The address of the office of the limited partnership in its state/country of organization is _____

d. The limited partnership's principal officer address is _____

e. The names and business or residence addresses of the GENERAL partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

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 is:

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



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.

Polymer Diagnostics, Inc. (Delaware)
exact name of entity
By: Woodrow W. Ban
Its: Woodrow W. Ban
Assistant Secretary
Date: 6/29/98

Polymer Diagnostics, Inc. (Ohio)
exact name of entity
By: Woodrow W. Ban
Its: Woodrow W. Ban
Assistant Secretary
Date: 6/29/98

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

(Please note that the chairman of the board, the president, vice president, secretary or an assistant secretary must sign on behalf of each constituent corporation, and at least one general partner must sign on behalf of each constituent limited partnership; if insufficient space for signature, a separate sheet should be attached containing such signature.)



Legal

CT CORPORATION SYSTEM

17 South High Street
Columbus, OH 43215
Tel. 614 621 1919
Fax 614 621 1906

7/6/98

Secretary of State Corporation Division
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418

ORDER # 1253417

RE: Polymer Diagnostics, Inc.

Dear Filing Clerk:

Attached please find the filing(s) listed below along with the appropriate fee.

- Articles of Incorporation/Articles of Organization
- Amendment/Amended Articles of Incorporation
- Subsequent Appointment of Agent/Change of Address of Agent
- Merger Documents/Certificate of Merger
- Certificate of Name Change
- Foreign License Application
- Certificate of Surrender/Dissolution
- Trade/Fictitious Name Registration
- Foreign Limited Partnership Application/Limited Liability Co.

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SECRETARY OF STATE

SPECIAL INSTRUCTIONS:

Upon approval please certify _____ copy(s) provided and/or issue _____ good standing certificate(s). Please call 621-1919 when ready for pick up.



Please send evidence of the filing to Amy EBERHART at the address indicated above. Thank you.

	DATE	DOCUMENT NO	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
1.	11/2/1998	199818800044	MER MERGER/DOMESTIC	50.00	10.00	0.00	0.00	0.00
TOTAL				50.00	10.00	0.00	0.00	0.00

Return To:
CT CORPORATION SYSTEM
17 SOUTH HIGH ST
COLUMBUS, OH 43215-0000

-----cut along the dotted line-----



The State of Ohio
 *Certificate* 

Secretary of State - Bob Taft

1038639

It is hereby certified that the Secretary of State of Ohio has custody of the business records for POLYMER DIAGNOSTICS, INC. and that said business records show the filing and recording of:

Document(s)
 MERGER/DOMESTIC

Document No(s):
 199818800044

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 6th day of
 July, A.D. 1998



Bob Taft

Bob Taft
 Secretary of State