

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM316589

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the receiving party entity type from CORPORATION: TEXAS to LIMITED LIABILITY COMPANY: TEXAS previously recorded on Reel 005206 Frame 0492. Assignor(s) hereby confirms the supporting legal documentation identifies the receiving party entity type as LIMITED LIABILITY COMPANY: TEXAS.

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Maxor National Pharmacy Services, LLC	FORMERLY Maxor National Pharmacy Services Corporation	01/27/2014	CORPORATION: TEXAS

RECEIVING PARTY DATA

Name:	Maxor National Pharmacy Services, LLC
Street Address:	320 S. Polk
City:	Amarillo
State/Country:	TEXAS
Postal Code:	79101
Entity Type:	LIMITED LIABILITY COMPANY: TEXAS

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	4317891	MAXORXPRESS
Registration Number:	3044407	MAXOR
Registration Number:	2866788	IV SOLUTIONS HOME INFUSION INJECTABLES S
Registration Number:	2845026	IV SOLUTIONS
Registration Number:	3730877	AMERICA'S PHARMACY AUDITORS RX
Registration Number:	3748649	RESPIRATORY DISEASE NETWORK
Registration Number:	3741749	RESPIRATORY DISEASE NETWORK
Registration Number:	3626926	COMMUNITY HEALTH PHARMACY
Registration Number:	3626293	COMPLIANCE COUNTS
Registration Number:	3537581	MAXOR CLINICAL TRACKS
Registration Number:	2111958	MAXORPLUS
Registration Number:	1927951	MAXOR PHARMACIES

CORRESPONDENCE DATA

Fax Number: 8063507642

*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent***TRADEMARK**

using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 806-358-8116
Email: cstewart@bmwb-law.com
Correspondent Name: Christian D. Stewart
Address Line 1: 701 S. Taylor, Suite 440, LB 103
Address Line 4: Amarillo, TEXAS 79101

ATTORNEY DOCKET NUMBER:	108656.01
NAME OF SUBMITTER:	Christian D. Stewart
SIGNATURE:	/Christian D. Stewart/
DATE SIGNED:	09/10/2014

Total Attachments: 9

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TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

01/31/2014
 900278880

SUBMISSION TYPE:	NEW ASSIGNMENT
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NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL
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CONVEYING PARTY DATA *CONVERSION*

Name	Formerly	Execution Date	Entity Type
Maxor National Pharmacy Services Corporation		01/27/2014	CORPORATION: TEXAS

RECEIVING PARTY DATA

Name:	Maxor National Pharmacy Services, LLC
Street Address:	320 S. Polk
City:	Amarillo
State/Country:	TEXAS
Postal Code:	79101
Entity Type:	CORPORATION: TEXAS

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	4317891	MAXORXPRESS
Registration Number:	3044407	MAXOR
Registration Number:	2866788	IV SOLUTIONS HOME INFUSION INJECTABLES S
Registration Number:	2845026	IV SOLUTIONS
Registration Number:	3730877	AMERICA'S PHARMACY AUDITORS RX
Registration Number:	3748649	RESPIRATORY DISEASE NETWORK
Registration Number:	3741749	RESPIRATORY DISEASE NETWORK
Registration Number:	3626926	COMMUNITY HEALTH PHARMACY
Registration Number:	3626293	COMPLIANCE COUNTS
Registration Number:	3537581	MAXOR CLINICAL TRACKS
Registration Number:	2111958	MAXORPLUS
Registration Number:	1927951	MAXOR PHARMACIES

CORRESPONDENCE DATA

CH \$316.00 4317891

Fax Number: 8584583005

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

Phone: 8584583000

Email: ryanenchelmayer@paulhastings.com

Correspondent Name: Ryan Enchelmayer

Address Line 1: 4747 Executive Dr., 12th FL

Address Line 2: Paul Hastings LLP

Address Line 4: San Diego, CALIFORNIA 92121

ATTORNEY DOCKET NUMBER:	77137.00026
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NAME OF SUBMITTER:	Ryan M. Enchelmayer
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Signature:	/Ryan M. Enchelmayer/
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Date:	01/31/2014
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Total Attachments: 7

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Office of the Secretary of State

CERTIFICATE OF CONVERSION

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument for

MAXOR NATIONAL PHARMACY SERVICES CORPORATION

File Number: 116962100

Converting it to

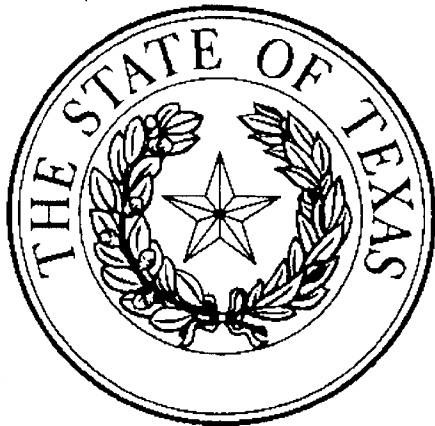
Maxor National Pharmacy Services, LLC

File Number: 801922302

has been received in this office and has been found to conform to law. ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the conversion on the date shown below.

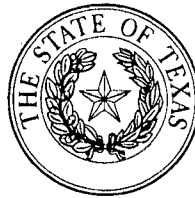
Dated: 01/27/2014

Effective: 01/27/2014



NANDITA BERRY

Nandita Berry
Secretary of State



Office of the Secretary of State

CERTIFICATE OF FILING OF

Maxor National Pharmacy Services, LLC
File Number: 801922302

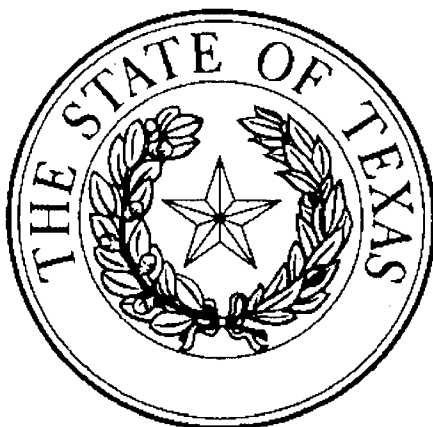
The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 01/27/2014

Effective: 01/27/2014



NANDITA BERRY

Nandita Berry
Secretary of State

Form 632
(Revised 05/11)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709

Filing Fee: See instructions



This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JAN 27 2014

Corporations Section

**Certificate of Conversion
of a
Corporation Converting
to a
Limited Liability Company**

Converting Entity Information

The name of the converting corporation is:
Maxor National Pharmacy Services Corporation

The jurisdiction of formation of the corporation is: Texas

The date of formation of the corporation is: 10/12/1990

The file number, if any, issued to the corporation by the secretary of state, is: 0116962100

Plan of Conversion—Alternative Statements

The corporation named above is converting to a limited liability company. The name of the limited liability company is:

Maxor National Pharmacy Services, LLC

The limited liability company will be formed under the laws of: Texas

The plan of conversion is attached.

If the plan of conversion is not attached, the following statements must be completed.

Instead of attaching the plan of conversion, the corporation certifies to the following statements:

A signed plan of conversion is on file at the principal place of business of the corporation, the converting entity. The address of the principal place of business of the corporation is:

320 S POLK ST., STE 100 AMARILLO TX USA 79101-1429
Street or Mailing Address *City* *State* *Country* *Zip Code*

A signed plan of conversion will be on file after the conversion at the principal place of business of the limited liability company, the converted entity. The address of the principal place of business of the limited liability company is:

320 S POLK ST., STE 100 AMARILLO TX USA 79101-1429
Street or Mailing Address *City* *State* *Country* *Zip Code*

A copy of the plan of conversion will be furnished on written request without cost by the converting entity before the conversion or by the converted entity after the conversion to any owner or member of the converting or converted entity.

Certificate of Formation for the Converted Entity

The converted entity is a Texas limited liability company. The certificate of formation of the Texas limited liability company is attached to this certificate either as an attachment or exhibit to the plan of conversion, or as an attachment or exhibit to this certificate of conversion if the plan has not been attached to the certificate of conversion.

Approval of the Plan of Conversion

The plan of conversion has been approved as required by the laws of the jurisdiction of formation and the governing documents of the converting entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is accepted and filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
The following event or fact will cause the document to take effect in the manner described below:


Tax Certificate

- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the corporation.
- In lieu of providing the tax certificate, the limited liability company as the converted entity is liable for the payment of any franchise taxes.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: January 24, 2014



JOHN Q WARD, CEO

Signature and title of authorized person on behalf of the converting entity

Form 205
(Revised 05/11)



This space reserved for office use.

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$300

**Certificate of Formation
Limited Liability Company**

FILED
In the Office of the
Secretary of State of Texas

JAN 27 2014

Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Maxor National Pharmacy Services, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

National Registered Agents, Inc.

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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C. The business address of the registered agent and the registered office address is:

<u>1999 Bryan Street, Suite 900</u>	<u>Dallas</u>	<u>TX</u>	<u>75201-3136</u>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Article 3—Governing Authority

(Select and complete either A or B and provide the name and address of each governing person.)

A. The limited liability company will have managers. The name and address of each initial manager are set forth below.

B. The limited liability company will not have managers. The company will be governed by its members, and the name and address of each initial member are set forth below.

GOVERNING PERSON 1				
NAME (Enter the name of either an individual or an organization, but not both.)				
IF INDIVIDUAL				
<u>John</u>		<u>Ward</u>		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
OR				
IF ORGANIZATION				
<i>Organization Name</i>				
ADDRESS				
<u>320 S. Polk Street, Suite 100</u>	<u>Amarillo</u>	<u>TX</u>	<u>USA</u>	<u>79101-1429</u>
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

GOVERNING PERSON 2				
NAME (Enter the name of either an individual or an organization, but not both.) IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

GOVERNING PERSON 3				
NAME (Enter the name of either an individual or an organization, but not both.) IF INDIVIDUAL				
First Name	M.I.	Last Name	Suffix	
OR IF ORGANIZATION				
Organization Name				
ADDRESS				
Street or Mailing Address		City	State	Country Zip Code

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

This limited liability company is being formed pursuant to a plan of conversion. The converting entity's name is Maxor National Pharmacy Services Corporation located at 320 Polk Street, Suite 100, Amarillo, Texas 79101-1429. The converting entity is a corporation formed in the State of Texas on October 12, 1990.

