

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM328101

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Sapheon, Inc.		09/26/2014	CORPORATION: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Sapheon LLC		
<b>Street Address:</b>	15 Hampshire Street		
<b>City:</b>	Mansfield		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	02048		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	77546572	SAPHEON	
<b>Serial Number:</b>	86171863	VBOND	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5082616225		
<i>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.</i>			
<b>Phone:</b>	508-261-8000		
<b>Email:</b>	iplegal@covidien.com		
<b>Correspondent Name:</b>	Covidien LP		
<b>Address Line 1:</b>	15 Hampshire Street		
<b>Address Line 4:</b>	Mansfield, MASSACHUSETTS 02048		
<b>NAME OF SUBMITTER:</b>	Thomas M. Johnston		
<b>SIGNATURE:</b>	/Thomas M. Johnston/		
<b>DATE SIGNED:</b>	01/06/2015		
<b>Total Attachments: 2</b>			
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State of California Secretary of State

3051087 'out'

Limited Liability Company Articles of Organization - Conversion

LLC-1A

FILED Secretary of State State of California

SEP 26 2014

IMPORTANT - Read all instructions before completing this form.

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Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Sapheon LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code 2710 Gateway Oaks Drive, Suite 150 N Sacramento CA 95833

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code 15 Hampshire St. Mansfield MA 02048

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from item 7, or if the agent is a California registered corporate agent.)

Corporation Service Company, which will do business in California as CSC-Lawyers Incorporating Service

7. If an individual, Street Address of Agent for Service of Process in CA City State Zip Code CA

8. Mailing Address of Agent for Service of Process City State Zip Code

Converting Entity Information

9. Name of Converting Entity

Sapheon, Inc.

10. Form of Entity Corporation

11. Jurisdiction California

12. CA Secretary of State File Number, if any C3051087

13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote. Common Stock; 100 shares entitled to vote

AND

The percentage vote required of each class. More than 50%

Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

John W. Kapples, VP & Secretary

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Matthew J. Nicolella, VP & Asst. Secretary

Type or Print Name and Title of Authorized Person

STATE OF CALIFORNIA  
OFFICE OF THE SECRETARY OF STATE

Department of Industrial Relations  
San Diego, California

NOTARIAL PUBLIC

My commission expires on \_\_\_\_\_

I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

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I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 26 2014

Date: \_\_\_\_\_

*Debra Bowen*  
DEBRA BOWEN, Secretary of State