

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM332033

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Medical Modeling, LLC		10/01/2007	LIMITED LIABILITY COMPANY: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Medical Modeling Inc.		
<b>Street Address:</b>	17301 W Colfax Ave		
<b>Internal Address:</b>	Suite 300		
<b>City:</b>	Golden		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80401		
<b>Entity Type:</b>	CORPORATION: COLORADO		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3109943	OSTEOVIEW ANATOMICAL MODEL	
<b>Registration Number:</b>	2860002	MEDICAL MODELING	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8033264796		
<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>	803-326-4004		
<b>Email:</b>	Keith.Roberson@3DSystems.com		
<b>Correspondent Name:</b>	Keith Roberson		
<b>Address Line 1:</b>	333 Three D Systems Circle		
<b>Address Line 4:</b>	Rock Hill, SOUTH CAROLINA 29730		
<b>ATTORNEY DOCKET NUMBER:</b>	USTM.156 AND USTM.157		
<b>NAME OF SUBMITTER:</b>	Andrew Johnson		
<b>SIGNATURE:</b>	/Andrew Johnson/		
<b>DATE SIGNED:</b>	02/12/2015		
<b>Total Attachments: 4</b>			
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ABOVE SPACE FOR OFFICE USE ONLY

**Combined Statement of Conversion and Articles of Incorporation for a Profit Corporation**  
 filed pursuant to § 7-90-201, 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

**Statement of Conversion**

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

Entity name or true name of the <u>converting</u> entity	Medical Modeling, LLC		
ID number (if applicable)	20001092904 <i>(Colorado Secretary of State ID number)</i>		
Form of the entity	Limited Liability Company		
Jurisdiction where formed	Colorado		
Principal office <u>street</u> address	17301 W Colfax Ave <i>(Street number and name)</i>		
	Suite 300		
	Golden	CO	80401
	<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>
	<i>(Province -- if applicable)</i>	<i>(Country -- if not US)</i>	
Principal office <u>mailing</u> address (leave blank if same as above)	<i>(Street number and name or Post Office Box information)</i>		
	<i>(City)</i>		
	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
	<i>(Province -- if applicable)</i>	<i>(Country -- if not US)</i>	

2. The converting entity has been converted into the resulting entity identified below.

3. For the resulting entity, its entity name, form of entity, the jurisdiction under the law of which it is formed, and the principal office address of its principal office are

Entity name of the  
resulting entity

Medical Modeling Inc.

*(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "hd.", §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)*

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

Form of the entity

domestic profit corporation

Jurisdiction where formed

Colorado

Principal office street address

17301 W Colfax Ave

*(Street number and name)*

Suite 300

Golden

CO

80401

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

Principal office mailing address  
(leave blank if same as above)

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

*(If the following statement applies, adopt the statement by marking the box.)*

- The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

#### Articles of Incorporation for a Profit Corporation

1. The entity name is

Medical Modeling Inc.

*(The name of a corporation must contain the term or abbreviation "corporation", "incorporated", "company", "limited", "corp.", "inc.", "co." or "hd.", §7-90-601, C.R.S. If the corporation is a professional or special purpose corporation, other law may apply.)*

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

2. The principal office address of the initial principal office is

Street address

17301 W Colfax Ave

*(Street number and name)*

Suite 300

Golden

CO

80401

*(City)*

*(State)*

*(Postal/Zip Code)*

*(Province - if applicable)*

*(Country - if not US)*

**Mailing address**  
 (Leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Postal/Zip Code)

\_\_\_\_\_ (Province - if applicable) \_\_\_\_\_ (Country - if not US)

3. The registered agent name and registered agent address of the initial registered agent are

Name  
 (if an individual) Panasci Ernest J Esq  
(Last) (First) (Middle) (Suffix)

OR

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

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

**Street address** Jones & Keller, PC \_\_\_\_\_  
(Street number and name)

4600 South Ulster Street, Suite 880 \_\_\_\_\_

Denver CO 80237 \_\_\_\_\_  
(City) (State) (Postal/Zip Code)

**Mailing address**  
 (Leave blank if same as street address) \_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_ (City) CO \_\_\_\_\_ (State) \_\_\_\_\_ (Postal/Zip Code)

4. The true name and mailing address of the incorporator are

Name  
 (if an individual) Panasci Ernest J Esq  
(Last) (First) (Middle) (Suffix)

OR

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

**Mailing address** Jones & Keller, PC \_\_\_\_\_  
(Street number and name or Post Office Box information)

4600 S Ulster Street, Suite 880 \_\_\_\_\_

Denver CO 80237 \_\_\_\_\_  
(City) (State) (Postal/Zip Code)

\_\_\_\_\_ (Province - if applicable) \_\_\_\_\_ (Country - if not US)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)  
 This document contains the name and address of one or more additional incorporators.

5. The classes of shares and number of shares of each class that the corporation is authorized to issue are as follows.

*(If the following statement applies, adopt the statement by marking the box and enter the number of shares.)*  
 The corporation is authorized to issue 20,000,000 common shares that shall have unlimited voting rights and are entitled to receive the net assets of the corporation upon dissolution.

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*  
 Additional information as required by section 7-106-101 is included in an attachment.

*(Caution: At least one box must be marked. Both boxes may be marked, if applicable.)*

6. *(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.

7. *(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 10/01/2007; 12:01 a.m.  
*(mm/dd/yyyy) hour:minute am/pm*

**Notice:**

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

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

Panasci	Ernest	J	Esq'
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
Jones & Keller, P.C.			
<i>(Street number and name or Post Office Box information)</i>			
4600 S. Ulster St., Ste 880			
Denver	CO	80237	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<i>(Province - if applicable)</i>	<i>(Country - if not US)</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.

**Disclaimer:**

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