

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM332644

<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>
MEDHUB, INC.		01/30/2015	CORPORATION: MICHIGAN
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	MEDHUB, LLC		
<b>Street Address:</b>	2711 Centerville Road		
<b>Internal Address:</b>	Suite 400		
<b>City:</b>	Wilmington		
<b>State/Country:</b>	DELAWARE		
<b>Postal Code:</b>	19808		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	78189534	MEDHUB	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6173382880		
<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>	617-338-2803		
<b>Email:</b>	trademark@sandw.com		
<b>Correspondent Name:</b>	Lawrence R. Robins		
<b>Address Line 1:</b>	One Post Office Square		
<b>Address Line 4:</b>	Boston, MASSACHUSETTS 02109		
<b>NAME OF SUBMITTER:</b>	Lawrence R. Robins		
<b>SIGNATURE:</b>	/Lawrence R. Robins/		
<b>DATE SIGNED:</b>	02/19/2015		
<b>Total Attachments: 5</b>			
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CH \$40.00 78189534

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A MICHIGAN CORPORATION UNDER THE NAME OF "MEDHUB, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "MEDHUB, INC." TO "MEDHUB, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JANUARY, A.D. 2015, AT 4:09 O'CLOCK P.M.

5684641 8100V

150125031

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2084439

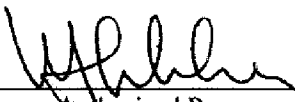
DATE: 01-30-15

TRADEMARK  
REEL: 005462 FRAME: 0607

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Michigan.
- 2.) The jurisdiction immediately prior to filing this Certificate is Michigan.
- 3.) The date the corporation first formed is November 26, 2002.
- 4.) The name of the Corporation immediately prior to filing this Certificate is MedHub, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is MedHub, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
30 day of January, A.D. 2015.

By:   
Authorized Person

Name: William J. Aliber  
Print or Type

# Delaware

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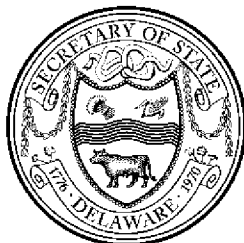
*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "MEDHUB, LLC" FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JANUARY, A.D. 2015, AT 4:09 O'CLOCK P.M.

5684641 8100V

150125031

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2084439

DATE: 01-30-15

TRADEMARK  
REEL: 005462 FRAME: 0609

**CERTIFICATE OF FORMATION**

**OF**

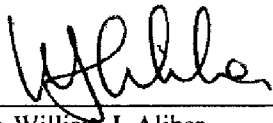
**MEDHUB, LLC**

This Certificate of Formation of MedHub, LLC (the “LLC”), dated as of January 30, 2015, has been duly executed and is being filed by William J. Aliber, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101, et seq.).

FIRST: The name of the limited liability company formed hereby is MedHub, LLC.

SECOND: The address of the registered office of the LLC in the State of Delaware is 2711 Centerville Road, Suite 400, Wilmington, County of New Castle, Delaware 19808. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 30th day of January 2015.

By:   
Name: William J. Aliber  
Title: Authorized Person

[SIGNATURE PAGE TO CERTIFICATE OF FORMATION]