

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM339177

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
California Cryobank Stem Cell Services, Inc.		08/15/2014	CORPORATION: CALIFORNIA

## RECEIVING PARTY DATA

<b>Name:</b>	California Cryobank Stem Cell Services LLC
<b>Street Address:</b>	11915 La Grange Ave.
<b>City:</b>	Los Angeles
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	90025
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: CALIFORNIA

## PROPERTY NUMBERS Total: 11

Property Type	Number	Word Mark
<b>Serial Number:</b>	86089384	CALIFORNIA CRYOBANK STEM CELL SERVICES
<b>Serial Number:</b>	86107857	CORDBANCUSA
<b>Serial Number:</b>	86093089	CORD BLOOD ADVANTAGE
<b>Serial Number:</b>	86424767	FAMILYCELLS
<b>Registration Number:</b>	4479729	FAMILY CORD BLOOD SERVICES
<b>Registration Number:</b>	3116554	FAMILY CORD BLOOD SERVICES A CALIFORNIA
<b>Registration Number:</b>	3618855	FAMILYCORD
<b>Registration Number:</b>	3675504	FAMILYCORD A CALIFORNIA CRYOBANK COMPANY
<b>Registration Number:</b>	4555148	FAMILYCORDCN
<b>Registration Number:</b>	4686080	LIPOCELLS
<b>Registration Number:</b>	3096999	PUBLIC DONATION OPTION

## CORRESPONDENCE DATA

Fax Number: 4042520970

*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: 404-252-0900

Email: jeff@sladlaw.com

Correspondent Name: Jeffrey B. Sladkus, Esq.

Address Line 1: 1827 Powers Ferry Road

OP \$290.00 86089384

**Address Line 2:** Building 6, Suite 200  
**Address Line 4:** Atlanta, GEORGIA 30339

**NAME OF SUBMITTER:** Jeffrey B. Sladkus

**SIGNATURE:** /Jeffrey B. Sladkus/

**DATE SIGNED:** 04/23/2015

**Total Attachments: 2**

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State of California Secretary of State

LLC-1A

File #

Limited Liability Company Articles of Organization - Conversion

2493399 out

FILED Secretary of State State of California AUG 15 2014

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IMPORTANT -- Read all instructions before completing this form.

This Space For Filing Use Only

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.)

California Cryobank Stem Cell Services 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

[x] 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 1901 Avenue of the Stars, Suite 1100 Los Angeles CA 90067

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

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.)

Paracorp Incorporated

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 California Cryobank Stem Cell Services, Inc.

10. Form of Entity corporation 11. Jurisdiction California 12. CA Secretary of State File Number, if any 2493399

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. AND The percentage vote required of each class. 100,000 shares of common stock 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

Charles Sims, President

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Stephen Broder, Secretary

Type or Print Name and Title of Authorized Person



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.

AUG 15 2014

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

*Debra Bowen*  
DEBRA BOWEN, Secretary of State