

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM365068

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Affordable Care, Inc.		10/22/2015	CORPORATION: NORTH CAROLINA

RECEIVING PARTY DATA

Name:	Affordable Care, LLC
Street Address:	5430 Wade Park Blvd, Wade II
Internal Address:	Suite 310
City:	Raleigh
State/Country:	NORTH CAROLINA
Postal Code:	27607
Entity Type:	LIMITED LIABILITY COMPANY: NORTH CAROLINA

PROPERTY NUMBERS Total: 14

Property Type	Number	Word Mark
Registration Number:	4658497	1-800-DENTURE
Serial Number:	86599432	1-866-4SONRISA
Registration Number:	4665777	AFFORDABLE DENTURE MOMENTS
Registration Number:	4665780	AFFORDABLE DENTURES
Serial Number:	86411810	AFFORDABLE DENTURES
Registration Number:	2546707	AFFORDABLE DENTURES
Serial Number:	86317422	AFFORDABLE DENTURES & IMPLANTS
Registration Number:	2665616	AFFORDABLE DENTURES A GOOD REASON TO SMI
Registration Number:	4665776	AFFORDABLE DENTURES AND CROWNS
Registration Number:	4718890	AFFORDABLE IMPLANTS
Registration Number:	4672315	AFFORDABLE IMPLANTS
Serial Number:	86361301	AFTER 5 URGENT DENTAL
Registration Number:	4677385	NEW DENTURE WEARER PACKAGE
Serial Number:	86653381	TU SONRISA DE CONFLANZA

CORRESPONDENCE DATA

Fax Number: 3123214299

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

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

Email: mmikol@brinksgilson.com, officeactions@brinksgilson.com
Correspondent Name: Michelle Mikol
Address Line 1: PO Box 10395
Address Line 4: Chicago, ILLINOIS 60610

NAME OF SUBMITTER:	Michelle M. Mikol
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SIGNATURE:	/Michelle M. Mikol/
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DATE SIGNED:	12/08/2015
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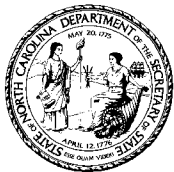
Total Attachments: 4

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NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

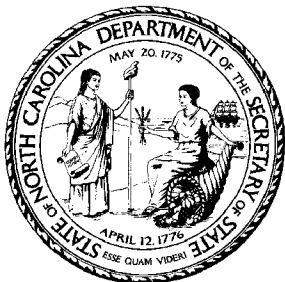
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

AFFORDABLE CARE, LLC

the original of which was filed in this office on the 22nd day of October, 2015.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 22nd day of October, 2015.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF ORGANIZATION
INCLUDING ARTICLES OF CONVERSION

Pursuant to §§ 57D-2-21, 57D-9-20 and 57D-9-22 of the General Statutes of North Carolina, the undersigned converting business entity does hereby submit these Articles of Organization Including Articles of Conversion for the purpose of forming a limited liability company pursuant to the conversion of another eligible entity.

1. The name of the limited liability company is: Affordable Care, LLC.
The limited liability company is being formed pursuant to a conversion of another business entity.
(See Item 1 of the Instructions for appropriate entity designation)
2. The name of the converting business entity is: Affordable Care, Inc.
and the organization and internal affairs of the converting business entity are governed by the laws of the state or country of North Carolina.

A plan of conversion has been approved by the converting business entity as required by law.

3. The converting business entity is a (check one): domestic corporation; foreign corporation;
 foreign limited liability company; domestic limited partnership;
 foreign limited partnership; domestic registered limited liability partnership;
 foreign limited liability partnership; professional corporation; or other partnership as defined in G.S. 59-36, whether or not formed under the laws of North Carolina.

4. The mailing address of the converting entity prior to the conversion is:

Number and Street: c/o Affordable Care, Inc., 5430 Wade Park Blvd., Wade II, Suite 310

City: Raleigh State: NC Zip Code: 27607 County: Wake County

If different, the mailing address of the resulting business entity is:

Number and Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

5. The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed.)

Affordable Care Intermediate Holdings, LLC, sole member

c/o Affordable Care, Inc., 5430 Wade Park Blvd., Wade II, Suite 310, Raleigh, NC 27607

6. The name of the initial registered agent is: C T Corporation System

7. The street address and county of the initial registered office of the limited liability company is:
Number and Street: 150 Fayetteville Street, Box 1011
City: Raleigh State: NC Zip Code: 27601 County: Wake

8. The North Carolina mailing address, *if different from the street address*, of the initial registered office is:
Number and Street: _____
City: _____ State: NC Zip Code: _____ County: _____

9. Principal Office Information: *Select either a or b.*
a. The limited liability company has a principal office.
The principal office telephone number: (919) 851-3996

The street address and county of the principal office of the limited liability company is:
Number and Street: c/o Affordable Care, Inc., 5430 Wade Park Blvd., Wade II, Suite 310
City: Raleigh State: NC Zip Code: 27607 County: Wake County

The mailing address, *if different from the street address*, of the principal office of the limited liability company is:
Number and Street: _____
City: _____ State: _____ Zip Code: _____ County: _____

b. The limited liability company does not have a principal office.

10. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

11. (Optional): Please provide a business e-mail address: _____
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

12. These articles will be effective upon filing, unless a future date is specified: _____.

This is the 22 day of October, 2015.

Affordable Care Intermediate Holdings, LLC, sole member

(Optional: Business Entity Name)


Signature

Douglas Brown, President

Type or Print Name and Title

The below space to be used if more than one organizer or member is listed in Item #5 above.

(Optional: Business Entity Name)

(Optional: Business Entity Name)

Signature

Signature

Type or Print Name and Title

Type or Print Name and Title

(Optional: Business Entity Name)

(Optional: Business Entity Name)

Signature

Signature

Type or Print Name and Title

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January 2014)

P.O. BOX 29622
Page 3

RALEIGH, NC 27626-0622
(Form L-01A)

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