

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM372692

<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>
Exact Care Operating, LLC		01/01/2014	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Exact Care Pharmacy, LLC		
<b>Street Address:</b>	9445 Rockside Road		
<b>City:</b>	Valley View		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44125		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4234080	EXACTPACK	
<b>Registration Number:</b>	4253221	EXACTCARE PHARMACY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2162410816		
<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>	216-622-8200		
<b>Email:</b>	ipdocket@calfee.com		
<b>Correspondent Name:</b>	Calfee, Halter & Griswold LLP		
<b>Address Line 1:</b>	1405 East Sixth Street		
<b>Address Line 2:</b>	The Calfee Building		
<b>Address Line 4:</b>	Cleveland, OHIO 44114-1607		
<b>ATTORNEY DOCKET NUMBER:</b>	35805/04014		
<b>NAME OF SUBMITTER:</b>	Ryan W. Falk		
<b>SIGNATURE:</b>	/Ryan W. Falk/		
<b>DATE SIGNED:</b>	02/10/2016		
<b>Total Attachments: 4</b>			
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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/08/2014	201400800938	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CALFEE HALTER & GRISWOLD LLP  
ATTN: C. BRAUNSCHWEIG, PARALEGAL  
1405 E. 6TH ST.  
CLEVELAND, OH 44114

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted****2241881**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**EXACT CARE PHARMACY, LLC**

and, that said business records show the filing and recording of:

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**201400800938****Effective Date: 01/01/2014**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 8th day of January, A.D.  
2014.

Ohio Secretary of State



Form 543A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1380  
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:


Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

  
Signature

By (if applicable)

Marty Butler, Chief Financial Officer  
Print Name

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

ADDITIONAL PROVISION  
TO DOMESTIC LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  
EXACT CARE OPERATING, LLC

The effective date of this Amendment set forth in the foregoing Certificate shall be January 1,  
2014.

{02309700.DOCX;1}

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