

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM374225

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Language Access Network, LLC		06/05/2015	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Language Access Network, LLC		
Street Address:	1103 Schrock Road, Suite 200		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43229		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4694442	CONNECT.COMMUNICATE.CARE.	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	trademark@buchalter.com		
Correspondent Name:	Philip C. Schroeder		
Address Line 1:	18400 Von Karman Avenue, Suite 800		
Address Line 4:	Irvine, CALIFORNIA 92612		
ATTORNEY DOCKET NUMBER:	E1345-0003		
NAME OF SUBMITTER:	Amanda Alameddine		
SIGNATURE:	/aalameddine/		
DATE SIGNED:	02/23/2016		
Total Attachments: 6			
source=Certificate of Conversion - Language Access Network LLC#page1.tif			
source=Certificate of Conversion - Language Access Network LLC#page2.tif			
source=Certificate of Conversion - Language Access Network LLC#page3.tif			
source=Certificate of Conversion - Language Access Network LLC#page4.tif			
source=Certificate of Conversion - Language Access Network LLC#page5.tif			

CH \$40.00 4694442



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/09/2015	201515914799	Conversion Within SOS Records (CVS)	125.00	100.00	0.00	0.00	5.00

Receipt

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

NSI
145 BAKER ST.
MARINA REEL
MARION, OH 43302

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
1467433

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

LANGUAGE ACCESS NETWORK, LLC

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

Document(s)

Conversion Within SOS Records

Document No(s):

201515914799

Effective Date: 06/05/2015

CHANGE BUSINESS TYPE FOR PROFIT LIM. LIAB. CO.



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
9th day of June, A.D. 2015.

Ohio Secretary of State



Form 700 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOG-FILE (877-787-3453)
Central Ohio: (614) 465-3919
www.OhioSecretaryofState.gov
busaev@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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.
Require an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio
Secretary of State

(2) Converting Off The Records of the Ohio
Secretary of State
(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

- | | |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company | |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED
2015 JUN -5 PM 3:48
OHIO SECRETARY OF STATE

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic Corporation (For-Profit) Partnership

Foreign Corporation (For-Profit or Nonprofit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required Information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

See Instructions for additional filing requirements if

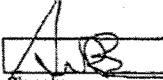
(1) the conversion creates a new domestic entity,

(2) the converted entity is a foreign entity that desires to transact business in Ohio; or

(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be signed by an
authorized representative.


Signature

By (if applicable)

Andrew Panos, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 533B Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3810

www.OhioSecretaryofState.gov
business@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 470
Columbus, OH 43218

Expedite Filing (Five business day processing time.
Requires an additional \$100.00)

P.O. Box 1290
Columbus, OH 43218

Registration of a Foreign Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For-Profit Limited
Liability Company
(108-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

(2) Registration of a Foreign Nonprofit
Limited Liability Company
(108-LFA)
ORC 1705

Jurisdiction of Formation

Date of Formation

RECEIVED
JUN 15 2015
SECRETARY OF STATE

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

Registered Agent Solutions, Inc.		
Name		
4568 Mayfield Road, Suite 204		
Mailing Address		
Columbus	Ohio	44121
City	State	ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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 an
authorized representative.

<i>[Signature]</i>
Signature

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

By (if applicable)
Andrew Panos, Manager
Print Name

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