

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM383761

<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>
Akaza Research LLC		11/03/2011	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	OpenClinica, LLC		
<b>Street Address:</b>	460 Totten Pond Road, Suite 200		
<b>City:</b>	Waltham		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	02451		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	78635177	OPENCLINICA	
<b>Serial Number:</b>	77853777	OPENCLINICA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6175231231		
<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>	6175701000		
<b>Email:</b>	tmadmin@goodwinprocter.com		
<b>Correspondent Name:</b>	Ryan E. Thomas		
<b>Address Line 1:</b>	Goodwin Procter LLP		
<b>Address Line 2:</b>	Exchange Place, 53 State Street		
<b>Address Line 4:</b>	Boston, MASSACHUSETTS 02109		
<b>ATTORNEY DOCKET NUMBER:</b>	125041/192326		
<b>NAME OF SUBMITTER:</b>	Ryan E. Thomas		
<b>SIGNATURE:</b>	/RET/		
<b>DATE SIGNED:</b>	05/10/2016		
<b>Total Attachments: 3</b>			
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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "OPENCLINICA, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2006, AT 5:57 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "AKAZA RESEARCH LLC" TO "OPENCLINICA, LLC", FILED THE SEVENTH DAY OF NOVEMBER, A.D. 2011, AT 12:30 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "OPENCLINICA, LLC".

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

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SR# 20163015380

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

Authentication: 202291268  
Date: 05-10-16

TRADEMARK  
REEL: 005790 FRAME: 0977

CERTIFICATE OF FORMATION

OF

AKAZA RESEARCH LLC

This Certificate of Formation of Akaza Research LLC (the "LLC") is being duly executed and filed by Lisa Billone, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. Code Ann. §18-101, et seq.)

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

Akaza Research LLC

SECOND. The address of the registered office of the LLC in the State of Delaware is c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801.

THIRD. The name and address of the registered agent for service of process on the LLC in the State of Delaware is The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801.

IN WITNESS WHEREOF, the undersigned, an authorized person of the LLC, has caused this Certificate of Formation to be duly executed as of the 28th day of February, 2006.

/Lisa Billone/  
Name: Lisa Billone  
Authorized Person

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Akaza Research LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company  
is now changed to Open Clinica, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 3rd day of November, A.D. 2011.

By: 

Authorized Person(s)

Name: Benjamin Bauman

Print or Type