

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM389695

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
SEQUENCE:	1		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medigen Systems Inc		12/31/2015	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Medigen Systems, LLC		
Street Address:	3917 North Broadmoor Avenue		
City:	Covina		
State/Country:	CALIFORNIA		
Postal Code:	91722		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2963272	VISITRACK	
CORRESPONDENCE DATA			
Fax Number:	2816174288		
<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>			
Phone:	(281) 458-3343		
Email:	rruble@rublelaw.com		
Correspondent Name:	Richard R. Ruble		
Address Line 1:	#130, 4830 Wilson Road, Suite 300		
Address Line 4:	Humble, TEXAS 77396		
NAME OF SUBMITTER:	Richard R. Ruble		
SIGNATURE:	/Richard R. Ruble/		
DATE SIGNED:	06/29/2016		
Total Attachments: 2			
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State of California Secretary of State

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Limited Liability Company Articles of Organization - Conversion

LLC-1A

File #

FILED Secretary of State State of California

DEC 31 2015

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.)

Medigen Systems, 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

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

818 West Seventh Street, Suite 930, Los Angeles

City

State

Zip Code

CA 90017

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

3917 North Broadmoor Avenue

City

State

Zip Code

Covina

CA

91722

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.)

CT Corporation System

7. If an individual, Street Address of Agent for Service of Process in CA

City

State

Zip Code

CA

Converting Entity Information

8. Name of Converting Entity

Medigen Systems, Incorporated

9. Form of Entity

Corporation

10. Jurisdiction

California

11. CA Secretary of State File Number, if any

2504666

12. 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.

1,500 shares of common stock

50% plus one (majority)

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, of which execution is my act and deed.

Signature of Authorized Person

Signature of Authorized Person

Christopher Hester, President

Type or Print Name and Title of Authorized Person

Brian Thomson, Chief Financial Officer

Type or Print Name and Title of Authorized Person



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 31 2015

Date: _____


ALEX PADILLA, Secretary of State

TRADEMARK

REEL: 005823 FRAME: 0548

RECORDED: 06/29/2016