

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM407128

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
ePay Healthcare, LLC		10/26/2016	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Loyale Healthcare, LLC		
<b>Street Address:</b>	251 Lafayette Cir. Suite 250		
<b>City:</b>	Lafayette		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	94549		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87107172	LOYALE	
<b>Serial Number:</b>	87112100	LOYALE PFM	
<b>Serial Number:</b>	87112106	LOYALE PATIENT FINANCIAL MANAGER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	hlusdocketing@hoganlovells.com		
<b>Correspondent Name:</b>	James R. Cady		
<b>Address Line 1:</b>	4085 Campbell Avenue Suite 100		
<b>Address Line 4:</b>	Menlo Park, CALIFORNIA 94025		
<b>NAME OF SUBMITTER:</b>	James R. Cady		
<b>SIGNATURE:</b>	/JRCady/		
<b>DATE SIGNED:</b>	11/30/2016		
<b>Total Attachments: 3</b>			
source=Delaware Registration Certificate of Conversion_10.25.2016#page1.tif			
source=Delaware Registration Certificate of Conversion_10.25.2016#page2.tif			
source=Delaware Registration Certificate of Conversion_10.25.2016#page3.tif			

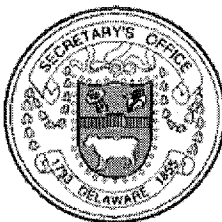
CH \$90.00 87107172


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "EPAYHEALTHCARE, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "EPAYHEALTHCARE, LLC" TO "LOYALE HEALTHCARE, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016, AT 12:51 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6193799 8100F  
SR# 20166368984

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

Authentication: 203231182

Date: 10-26-16

**TRADEMARK**  
**REEL: 005931 FRAME: 0945**


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "LOYALE HEALTHCARE, LLC" FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2016, AT 12:51 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6193799 8100F  
SR# 20166368984

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

Authentication: 203231182

Date: 10-26-16

**TRADEMARK**  
**REEL: 005931 FRAME: 0946**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:51 PM 10/26/2016  
FILED 12:51 PM 10/26/2016  
SR 20166368984 - File Number 6193799

**STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION**

• **First:** The name of the limited liability company is Loyale Healthcare, LLC

• **Second:** The address of its registered office in the State of Delaware is 1209  
Orange Street in the City of Wilmington  
Zip Code 19801

The name of its Registered agent at such address is \_\_\_\_\_  
The Corporation Trust Company

• **Third:** (Insert any other matters the members determine to include herein.)

[Empty rectangular box for additional matters]

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
25th day of October, 2016

By: *Dan Peterson*  
Authorized Person(s)

Name: Dan Peterson  
Typed or Printed