

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM421023

| | | | |
|---|--|------------------------------|---------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Refresh Dental Management, LLC | | 07/24/2015 | Limited Liability Company: OHIO |
| RECEIVING PARTY DATA | | | |
| Name: | North American Dental Management, LLC | | |
| Street Address: | 11 South Mill Street | | |
| Internal Address: | Suite 200 | | |
| City: | New Castle | | |
| State/Country: | PENNSYLVANIA | | |
| Postal Code: | 16101 | | |
| Entity Type: | Limited Liability Company: OHIO | | |
| PROPERTY NUMBERS Total: 8 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 3940637 | | |
| Registration Number: | 4684216 | NORTH AMERICAN DENTAL GROUP | |
| Registration Number: | 4700118 | CORNER DENTAL CONNECT | |
| Registration Number: | 4129908 | REFRESH DENTAL | |
| Registration Number: | 4129906 | REFRESH DENTAL | |
| Registration Number: | 3738125 | CD | |
| Registration Number: | 3735249 | HEALTHIER TEETH, HAPPIER YOU | |
| Registration Number: | 3735219 | CORNER DENTAL | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 2163634588 | | |
| <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: | 2163634677 | | |
| Email: | trademark@beneschlaw.com | | |
| Correspondent Name: | Duncan H.Poirier | | |
| Address Line 1: | Benesch Friedlander Coplan & Aronoff LLP | | |
| Address Line 2: | 200 Public Square, Suite 2300 | | |
| Address Line 4: | Cleveland, OHIO 44114 | | |

OP \$215.00 3940637

| | |
|--|---------------------|
| ATTORNEY DOCKET NUMBER: | 38366-1 |
| NAME OF SUBMITTER: | Duncan H. Poirier |
| SIGNATURE: | /Duncan H. Poirier/ |
| DATE SIGNED: | 03/24/2017 |
| Total Attachments: 3 source=NADM amendment#page1.tif source=NADM amendment#page2.tif source=NADM amendment#page3.tif | |



| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|---|--------|--------|---------|------|------|
| 07/27/2015 | 201520801136 | LIMITED LIABILITY COMPANY - AMENDMENT (LAM) | 50.00 | 200.00 | 0.00 | 0.00 | 0.00 |

Receipt

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

DICKINSON WRIGHT PLLC
DENA THOMPSON
150 EAST GAY STREET, 24TH FLOOR
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
1982318**

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

NORTH AMERICAN DENTAL MANAGEMENT, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 07/24/2015

Document No(s):

201520801136



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
27th day of July, A.D. 2015.

Ohio Secretary of State



Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCenter.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.
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)

Restatement (142-LRA)

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

RECEIVED
2015 JUL 24 AM 8:36
CLERK SECRETARY OF STATE

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

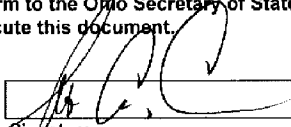
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

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

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

Scot C. Crow, Esq., Authorized Representative

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name