

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM425104

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
OurHealth, LLC		04/03/2017	Limited Liability Company: INDIANA
RECEIVING PARTY DATA			
Name:	OurHealth Holding Company, LLC		
Street Address:	One American Square		
Internal Address:	Suite 2610		
City:	Indianapolis		
State/Country:	INDIANA		
Postal Code:	46282		
Entity Type:	Limited Liability Company: INDIANA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4191248	OURHEALTH	
Registration Number:	5003712	MY CLINIC	
CORRESPONDENCE DATA			
Fax Number:	3172371000		
<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:	317.237.0300		
Email:	int eas@faegrebd.com		
Correspondent Name:	Louis Perry/Marla Manning		
Address Line 1:	300 N. Meridian Street		
Address Line 2:	Suite 2700		
Address Line 4:	Indianapolis, INDIANA 46204-1750		
NAME OF SUBMITTER:	Marla Manning		
SIGNATURE:	/Marla Manning/		
DATE SIGNED:	04/26/2017		
Total Attachments: 2			
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OP \$65.00 4191248

State of Indiana
Office of the Secretary of State

Certificate of Amendment
of
OURHEALTH, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

OURHEALTH HOLDING COMPANY, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, April 03, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 04, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2009011300208 / 7565579

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
04/04/2017 09:49 AM

ARTICLES OF AMENDMENT

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 2009011300208
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME OURHEALTH, LLC
PRINCIPAL OFFICE ADDRESS ONE AMERICAN SQUARE, SUITE 2610, INDIANAPOLIS, IN, 46282, USA
DATE AMENDMENT WAS ADOPTED 04/04/2017

EFFECTIVE DATE

EFFECTIVE DATE 04/03/2017

ARTICLE I - BUSINESS NAME CHANGE

DATE OF ADOPTION 04/03/2017
NEW BUSINESS NAME OURHEALTH HOLDING COMPANY, LLC

SIGNATURE

THE MANNER OF THE ADOPTION OF THE ARTICLES OF BUSINESS AMENDMENT CONSTITUTE FULL LEGAL COMPLIANCE WITH THE PROVISIONS OF THE ACT, AND THE ARTICLES OF ORGANIZATION.

THE UNDERSIGNED MANAGER OR MEMBER OF THIS LIMITED LIABILITY COMPANY EXISTING PURSUANT TO THE PROVISIONS OF THE INDIANA BUSINESS FLEXIBILITY ACT DESIRES TO GIVE NOTICE OF ACTION EFFECTUATING BUSINESS AMENDMENT OF CERTAIN PROVISIONS OF ITS ARTICLES OF ORGANIZATION.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY April 3, 2017.

SIGNATURE BEN EVANS
TITLE Manager

Business ID : 2009011300208
Filing No. : 7565579