

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM426771

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Longs Drug Stores California, Inc.		10/30/2008	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Longs Drug Stores California, L.L.C.		
Street Address:	One CVS Drive		
City:	Woonsocket		
State/Country:	RHODE ISLAND		
Postal Code:	02895		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2249400	E-FILLS	
Registration Number:	1799782	LONGS PHARMACY	
Registration Number:	3368304	LONGS DRUGS DRIVE-THRU PHARMACY	
CORRESPONDENCE DATA			
Fax Number:	3038630223		
<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:	3038639700		
Email:	cbryce@sheridanross.com		
Correspondent Name:	Caroline Bryce		
Address Line 1:	1560 Broadway, Suite 1200		
Address Line 2:	Sheridan Ross P.C.		
Address Line 4:	Denver, COLORADO 80202		
ATTORNEY DOCKET NUMBER:	8335-252		
NAME OF SUBMITTER:	Caroline E. Bryce		
SIGNATURE:	/Caroline E. Bryce/		
DATE SIGNED:	05/09/2017		
Total Attachments: 3			
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**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: LONGS DRUG STORES CALIFORNIA, L.L.C.

FILE NUMBER: 200830410129
FORMATION DATE: 10/30/2008
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 30, 2008.

A handwritten signature in black ink that reads 'Debra Bowen'.

DEBRA BOWEN
Secretary of State

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 30 2008

DEBRA BOWEN
Secretary of State

D0935002

200830410129



State of California Secretary of State

LLC-1A

File #

ENDORSED - FILED in the office of the Secretary of State of the State of California

OCT 30 2008

LIMITED LIABILITY COMPANY ARTICLES OF ORGANIZATION - CONVERSION

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

CONVERTED ENTITY INFORMATION

1. NAME OF LIMITED LIABILITY COMPANY (End the name with 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.)

LONGS DRUG STORES CALIFORNIA, L.L.C.

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 BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

[X] ONE MANAGER [] MORE THAN ONE MANAGER [] ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE. CITY STATE ZIP CODE

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 8.)

CT CORPORATION SYSTEM

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA CITY STATE ZIP CODE CA

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE

[] THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 8.

CONVERTING ENTITY INFORMATION

8. NAME OF CONVERTING ENTITY LONGS DRUG STORES CALIFORNIA, INC.

9. FORM OF ENTITY CORPORATION 10. JURISDICTION CA 11. CA SECRETARY OF STATE FILE NUMBER, IF ANY C0210377

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, PROVIDE THE FOLLOWING FOR EACH CLASS: STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS. COMMON STOCK 1,000 SHARES MORE THAN 50%

ADDITIONAL INFORMATION

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

October 30, 2008

DATE

[Signature] SIGNATURE OF AUTHORIZED PERSON

THOMAS S. MOFFATT, VICE PRESIDENT TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

[Signature] SIGNATURE OF AUTHORIZED PERSON

THOMAS S. MOFFATT, SECRETARY TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

LLC-1A (REV 01/2008)

APPROVED BY SECRETARY OF STATE



TRADEMARK