

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM428007

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL
RESUBMIT DOCUMENT ID:	900402208
SEQUENCE:	2

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Signature Genomic Laboratories, LLC		07/17/2014	Limited Liability Company:

RECEIVING PARTY DATA

Name:	PerkinElmer Health Sciences, Inc.
Street Address:	940 Winter Street
City:	Waltham
State/Country:	MASSACHUSETTS
Postal Code:	02451
Entity Type:	Corporation: DELAWARE

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	3952033	GENOGLYPHIX
Registration Number:	3986132	ONCOGLYPHIX

CORRESPONDENCE DATA

Fax Number:

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.

Email: trademarks@perkinelmer.com

Correspondent Name: PerkinElmer Health Sciences, Inc.

Address Line 1: 940 Winter Street

Address Line 4: Waltham, MASSACHUSETTS 02451

ATTORNEY DOCKET NUMBER:	SGL TM ASSIGNMENT
NAME OF SUBMITTER:	Kevin Oliver
SIGNATURE:	/Kevin A. Oliver/
DATE SIGNED:	05/18/2017

Total Attachments: 2

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source=WA Certificate of Dissolution#page1.tif

**AGREEMENT AND PLAN OF DISSOLUTION
OF
SIGNATURE GENOMIC LABORATORIES, LLC**

AGREEMENT AND PLAN OF DISSOLUTION made this 14th day of July, 2014 between PerkinElmer Health Sciences, Inc. (the "Sole Member"), a corporation duly organized and existing under the laws of the State of Delaware, and Signature Genomic Laboratories, LLC (the "Subsidiary"), a corporation duly organized and existing under the laws of the State of Washington.

WHEREAS, the Sole Member wishes to approve, authorize and consent to this Agreement and Plan of Complete Dissolution of Subsidiary (the "Plan of Dissolution") pursuant 25 RCW § 25.15; and

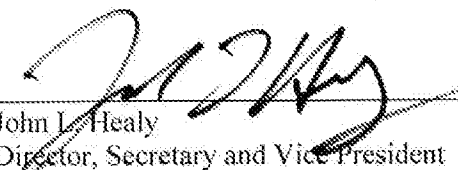
WHEREAS, Subsidiary wishes to agree to the Plan of Dissolution.

NOW, THEREFORE, the parties hereto agree as follows:

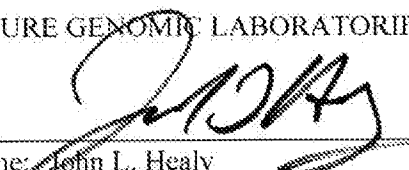
1. Sole Member and Subsidiary approve, authorize and consent to the Plan of Dissolution of Subsidiary pursuant to which all assets of the Subsidiary shall be transferred to the Sole Member in exchange for the assumption of the liabilities of the Subsidiary by the Sole Member.
2. The Plan of Dissolution is intended to qualify as a plan of complete dissolution.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement and Plan of Dissolution to be executed by their respective duly authorized officers as of the day and year first above written.

PERKINELMER HEALTH SCIENCES, INC.

By: 
Name: John L. Healy
Title: Director, Secretary and Vice President

SIGNATURE GENOMIC LABORATORIES, LLC

By: 
Name: John L. Healy
Title: Manager, Secretary and Vice President



Limited Liability Company
See attached detailed instructions

- No Fee for Standard Service
- Expedited Service \$50.00

This Box For Office Use Only

07/17/14 2702690-001
\$0.00 D
tid: 2801348

FILED
SECRETARY OF STATE
JULY 17, 2014
STATE OF WASHINGTON

UBI Number: 602305167

CERTIFICATE OF DISSOLUTION (Domestic/WA)

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: *(as currently recorded with the Office of the Secretary of State)*
Signature Genomic Laboratories, LLC

MAILING ADDRESS TO RETURN THE COMPLETED DOCUMENT:

940 Winter Street, Attn: J. Pearl

City Waltham State MA Zip Code 02451-1457

SECTION 2

ORIGINAL DATE FOR CERTIFICATE OF FORMATION: 06/16/2003

SECTION 3

REASON FOR DISSOLUTION: *(if necessary, attach additional information)*

Discontinued business operations.

Unanimous written consent of all members received.

SECTION 4

EFFECTIVE DATE OF DISSOLUTION: *(please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Dissolution has been filed by the Office of the Secretary of State)*

SECTION 5

MEMBER OR MANAGER SIGNATURE *(see instructions page)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

	John L. Healy / Manager	07/14/2014	781-663-6900
Signature	Printed Name/Title	Date	Phone