

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM430207

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
California Medical Innovations		05/31/2017	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	California Medical Innovations, LLC		
Street Address:	872 Towne Center Drive		
City:	Pomona		
State/Country:	CALIFORNIA		
Postal Code:	91767		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4850262	CALIFORNIA MEDICAL INNOVATIONS DBA CMC P	
Registration Number:	4836591	CALIFORNIA MEDICAL INNOVATIONS	
CORRESPONDENCE DATA			
Fax Number:	3128637867		
<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:	3128637267		
Email:	jaclyn.digrande@goldbergkohn.com		
Correspondent Name:	Jaclyn Di Grande - Paralegal		
Address Line 1:	Goldberg Kohn Ltd.		
Address Line 2:	55 E Monroe St., Suite 3300		
Address Line 4:	Chicago, ILLINOIS 60603		
ATTORNEY DOCKET NUMBER:	4975.338		
NAME OF SUBMITTER:	Jaclyn Di Grande		
SIGNATURE:	/jaclyn di grande/		
DATE SIGNED:	06/06/2017		
Total Attachments: 1			
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State of California Secretary of State

1638689 'out'

Limited Liability Company Articles of Organization - Conversion

LLC-1A File #

FILED JHE Secretary of State State of California MAY 31 2017

IMPORTANT - Read all instructions before completing this form.

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Converted Entity Information

1. Name of Limited Liability Company (The name must include 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.)

California Medical Innovations, LLC

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 California Revised Uniform 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. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code 872 Towne Center Drive Pomona CA 91767

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address, Item 6c; if the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

Mark Lobb

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box City State Zip Code 25240 Hancock Ave. Ste. 315 Murrieta CA 92582

c. If an individual, Mailing Address of Agent for Service of Process City State Zip Code Same as above

Converting Entity Information

7. Name of Converting Entity California Medical Innovations

8. Form of Entity Corporation 9. Jurisdiction California 10. CA Secretary of State File Number, if any 1638689

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equated or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote, AND The percentage vote required of each class. Common Stock, 20,000 shares 100%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person (Signature)

Yousof Nathis, CEO Type or Print Name and Title of Authorized Person

Signature of Authorized Person (Signature)

Suraya Nathis, Secretary Type or Print Name and Title of Authorized Person