

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

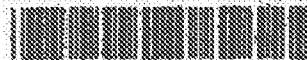
ETAS ID: TM430758

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Actavis, Inc.		06/09/2016	Corporation: NEVADA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Allergan Finance, LLC		
<b>Street Address:</b>	400 Interpace Parkway		
<b>City:</b>	Parsippany		
<b>State/Country:</b>	NEW JERSEY		
<b>Postal Code:</b>	07054		
<b>Entity Type:</b>	Limited Liability Company: NEVADA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86659989	USYMTRA	
<b>Serial Number:</b>	86724545	FOLASSIST	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7147969381		
<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>			
<b>Phone:</b>	714-246-5507		
<b>Email:</b>	susan.hinchey@allergan.com		
<b>Correspondent Name:</b>	Susan J. Hinchey		
<b>Address Line 1:</b>	2525 Dupont Drive		
<b>Address Line 4:</b>	Irvine, CALIFORNIA 92612		
<b>NAME OF SUBMITTER:</b>	Susan J. Hinchey		
<b>SIGNATURE:</b>	/Susan J. Hinchey/		
<b>DATE SIGNED:</b>	06/09/2017		
<b>Total Attachments: 3</b>			
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BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-8700  
 Website: www.nvssa.gov



\*140304\*

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number <b>20160261012-11</b>
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time <b>06/09/2016 2:50 PM</b>
	Entity Number <b>C38-1985</b>

**Articles of Conversion**  
 (PURSUANT TO NRS 92A.205)  
**Page 1**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

PLEASE NOTE: The charter document for the resulting entity must be submitted/ filed simultaneously with the articles of conversion.

**Articles of Conversion**  
 (Pursuant to NRS 92A.205)

1. Name and jurisdiction of organization of constituent entity and resulting entity:

Actavis, Inc.  
 Name of constituent entity

Nevada  
 Jurisdiction

Corporation  
 Entity type \*

and,

Allergan Finance, LLC  
 Name of resulting entity

Nevada  
 Jurisdiction

Limited Liability Company  
 Entity type \*

2. A plan of conversion has been adopted by the constituent entity in compliance with the law of the jurisdiction governing the constituent entity.

3. Location of plan of conversion: (check one)

The entire plan of conversion is attached to these articles.

The complete executed plan of conversion is on file at the registered office or principal place of business of the resulting entity.

The complete executed plan of conversion for the resulting domestic limited partnership is on file at the records office required by NRS 88.230.

\* corporation, limited partnership, limited-liability limited partnership, limited-liability company or business trust .

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Conversion Page 1  
 Revised: 1-5-15



BARBARA K. CEGAYSKI  
 Secretary of State  
 302 North Carson Street  
 Carson City, Nevada 89701-4301  
 (775) 684-6783  
 Website: www.nvsoe.gov

**Articles of Conversion**  
 (PURSUANT TO NRS 92A.205)  
**Page 2**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ADDITIONAL FEES FOR OFFICIAL USE ONLY

4. Forwarding address where copies of process may be sent by the Secretary of State of Nevada (if a foreign entity to the resulting entity in the conversion):

Attn:

c/o

5. Effective date and time of filing: (optional) (must not be later than 90 days after the certificate is filed)

Date: June 9, 2016

Time:

6. Signatures - must be signed by:

1. if constituent entity is a Nevada entity: an officer of each Nevada corporation; all general partners of each Nevada limited partnership or limited liability limited partnership; a manager of each Nevada limited liability company with managers or one member if there are no managers; a trustee of each Nevada business trust; a managing partner of a Nevada limited liability partnership (a.k.a. general partnership governed by NRS chapter 87).

2. if constituent entity is a foreign entity: must be signed by the constituent entity in the manner provided by the law governing it.

Actavis, Inc.

Name of constituent entity

\_\_\_\_\_  
 Signature

President  
 Title

June 9, 2016  
 Date

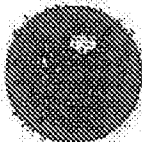
\* Pursuant to NRS 92A.205(4) if the conversion takes effect on a later date specified in the articles of conversion pursuant to NRS 92A.240, the constituent document filed with the Secretary of State pursuant to paragraph (b) subsection 1 must state the name and the jurisdiction of the constituent entity and that the existence of the resulting entity does not begin until the later date. This statement must be included within the resulting entity's articles.

**FILING FEE: \$350.00**

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State 92A Conversion Page 2  
 Revised: 1-9-10



BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-6700  
 Website: www.nvssos.gov



\*030100\*

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number <b>20160261014-33</b> Filing Date and Time <b>06/09/2016 2:50 PM</b> Entry Number <b>C38-1985</b>
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**Articles of Organization**  
**Limited Liability Company**  
 (PURSUANT TO NRS CHAPTER 91)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ADDITIONAL INFORMATION USE ONLY

1. Name of Limited Liability Company: <small>(must comply with approved limited liability company naming and instructions)</small>	<u>Akanga Platoon, LLC</u>	Check box if a Series Limited Liability Company <input type="checkbox"/>	Check box if a Restricted Limited Liability Company <input type="checkbox"/>
2. Registered Agent for Service of Process: <small>(check only one box)</small>	<input checked="" type="checkbox"/> Commercial Registered Agent: <u>The Corporation Trust Company of Nevada</u> <small>Name</small>	<input type="checkbox"/> Office or Position with Entity <small>(name and address below)</small>	
	<input type="checkbox"/> Noncommercial Registered Agent <small>(name and address below)</small>		
	<small>Name of Noncommercial Registered Agent</small> OR <small>Name of Title of Office or Other Position with Entity</small>		
	<small>Street Address</small> <u>Nevada</u> <small>City</small> <small>State</small> <small>Zip Code</small>		
	<small>Mailing Address (if different from street address)</small> <u>Nevada</u> <small>City</small> <small>State</small> <small>Zip Code</small>		
3. Duration: <small>Date: pending</small>	<u>Latest date upon which the company is to dissolve (if existence is not perpetual)</u>		
4. Management: <small>(required)</small>	Company shall be managed by: <input type="checkbox"/> Managers) OR <input checked="" type="checkbox"/> Members) <small>(check only one box)</small>		
5. Name and Address of each Manager or Managing Member: <small>(attach additional page if more than 3)</small>	1) <u>Acetiv Holdings US, Inc.</u> <small>Name</small> <u>Morris Corporate Center III, 400 Inspeco Parkway</u> <u>Parsippany</u> <u>NJ</u> <u>07054</u> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>		
	2) <small>Name</small> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>		
	3) <small>Name</small> <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>		
6. Name, Address and Signature of Organizer: <small>(attach additional page if more than 1 organizer)</small>	I declare, to the best of my knowledge and belief, that the information contained herein is correct and acknowledge that pursuant to NRS 209.020, it is unlawful to knowingly or recklessly submit false information for filing in the Office of the Secretary of State. <u>Jalen M. Ehringer</u> <small>Name</small> <u>3715 Howard Hughes Parkway, Suite 400 North</u> <u>Las Vegas</u> <u>NV</u> <u>89169</u> <small>Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>		
7. Certificate of Acceptance of Appointment of Registered Agent: <small>This form must be accompanied by appropriate fees.</small>	I hereby accept appointment as Registered Agent for the client named Entity. <u>Jalen M. Ehringer</u> <u>TRUSTWORTHY</u> <u>06/09/16</u> <small>Registered Agent</small> <small>Signature of Registered Agent</small> <small>Date</small>		