

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM439492

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Masters Pharmaceutical, Inc.		05/12/2016	Corporation:
RECEIVING PARTY DATA			
Name:	Masters Pharmaceutical, LLC		
Street Address:	11930 Kemper Springs Drive		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45240		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Registration Number:	3538465	MASTERS	
Registration Number:	4249005	M MASTERS	
Registration Number:	3066591	MASTERS PHARMACEUTICAL	
Registration Number:	4353240	MASTERS PHARMACEUTICAL	
Registration Number:	3827379	MASTERS SYNERGY	
Registration Number:	4193801	MASTERS TPL	
Registration Number:	4020046	MPI	
Registration Number:	4600791	RIVER CITY PHARMA	
Serial Number:	86837882	TIGER VET SUPPLY	
CORRESPONDENCE DATA			
Fax Number:	5132416234		
<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:	5132412324		
Email:	usptodock@whe-law.com		
Correspondent Name:	Brett A. Schatz		
Address Line 1:	441 Vine Street		
Address Line 2:	2700 Carew Tower		
Address Line 4:	Cincinnati, OHIO 45202		
NAME OF SUBMITTER:	Sean K. Owens		

OP \$240.00 3538465

SIGNATURE:	/Sean K. Owens/
DATE SIGNED:	08/16/2017
Total Attachments: 10 source=Masters Conversion#page1.tif source=Masters Conversion#page2.tif source=Masters Conversion#page3.tif source=Masters Conversion#page4.tif source=Masters Conversion#page5.tif source=Masters Conversion#page6.tif source=Masters Conversion#page7.tif source=Masters Conversion#page8.tif source=Masters Conversion#page9.tif source=Masters Conversion#page10.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/13/2016	201613302464	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ROBBINS KELLY PATTERSON & TUCKER
 SUSAN YEAGER
 7 WEST SEVENTH ST., STE 1400
 CINCINNATI, OH 45202

**STATE OF OHIO
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted
 1199880**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MASTERS PHARMACEUTICAL, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 05/12/2016

Document No(s):

201613302464

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the
 Secretary of State at Columbus, Ohio this
 13th day of May, A.D. 2016.

Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busser@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mall this form to one of the following:

Regular Filing (not expedite)
P.O. Box 1319
Columbus, OH 43216

Expedite Filing (Two business day processing time)
Requires an additional \$100.00

P.O. Box 1350
Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

2016 MAY -5 AM 11:45

2016 MAY 12 AM 11:46

(CHECK ONLY ONE (1) BOX)

(1) Converting **Within** The Records of the Ohio Secretary of State

(2) Converting **Off** The Records of the Ohio Secretary of State
(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company | |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
 (Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation (For-Profit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

Effective Date (Optional) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

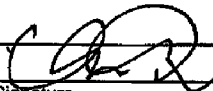
City State Zip Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be signed by an
authorized representative.


Signature

Dennis B. Smith
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

in lieu of dissolution releases from various governmental authorities.

Masters Pharmaceutical, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations	5-10-16	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-465-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	5-10-16 Regular: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]		<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

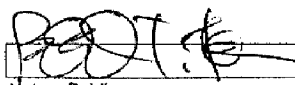
Signature  Title Secretary/Treasurer

Kevin Moore
Name

11930 Kemper Springs Drive
Mailing Address

Cincinnati City OH State 45240 Zip Code

Sworn to and subscribed in my presence on 5-10-16 Date

Seal  Notary Public



RICHARD T. LAUER
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Date Section 147.03 O.R.C.
Last Revised: 9/24/2015

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Hamilton

Kevin Moore
Name of Officer

Secretary/Treasurer
Title of Officer

of Masters Pharmaceutical, Inc.
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Hamilton Butler Warren

Signature: [Handwritten Signature]

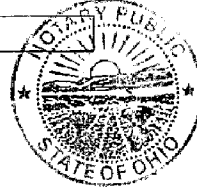
Title: Secretary/Treasurer

Sworn to and subscribed in my presence on Date 5-10-16

Seal

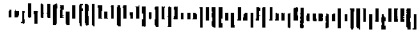
[Handwritten Signature]
Notary Public

Expiration date of Notary Public's Commission

Date
 RICHARD T. LAUER
Attorney at Law
Notary Public, State of Ohio
My Commission Has No Expiration
Date: Section 147.03 O.R.C.



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



MASTERS PHARMACEUTICAL, INC. CHARTER# 1199880
SUSAN YEAGER C/O ROBBINS, KELLY, PATTERSON & TUCKER
7 WEST SEVENTH STREET SUITE 1400
CINCINNATI, OH 45202
USA

May 11, 2016
Contact ID: 7588300164

RE: Certificate of Tax Clearance

This certificate certifies that the above stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date or as a result of an examination or audit for any period ending prior to the date that this certificate is filed with the Ohio Secretary of State.

This certificate of Tax Clearance is valid for thirty (30) days from the date of issuance and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Taxpayer Services Division
Phone: 1-888-405-4039
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

NO. 9453 P. 1

MAY 11 2016 11:29AM





Form 533A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time)
Requires an additional \$100.00

P.O. Box 1390
Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

2016 MAY -5 AM 11:45
2016 MAY 12 AM 11:46

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Masters Pharmaceutical, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

RKPT Service Corp.

Name of Agent

7 West Seventh Street, Suite 1400

Mailing Address

Cincinnati

City

Ohio

State

45202

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, RKPT Service Corp. named herein as the statutory agent

Statutory Agent Name

for Masters Pharmaceutical, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

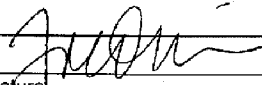
Statutory Agent Signature By:  Vice-President

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.


Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Fredric J. Robbins
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name