

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM443414

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Comprehensive Pharmacy Services, Inc.		11/29/2012	Corporation:
RECEIVING PARTY DATA			
Name:	Comprehensive Pharmacy Services, LLC		
Street Address:	6409 Quail Hollow Road		
City:	Memphis		
State/Country:	TENNESSEE		
Postal Code:	38120		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4746965	COMPREHENSIVE PHARMACY SERVICES	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	pwender@farris-law.com		
Correspondent Name:	Penina K. Wender		
Address Line 1:	999 S. Shady Grove Rd., Ste 500		
Address Line 4:	Memphis, TENNESSEE 38120		
NAME OF SUBMITTER:	Penina Wender		
SIGNATURE:	/pkw/		
DATE SIGNED:	09/17/2017		
Total Attachments: 4			
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Delaware

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The First State

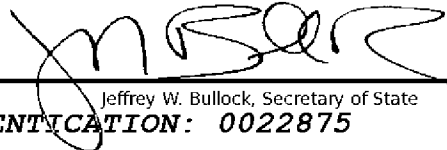
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "COMPREHENSIVE PHARMACY SERVICES, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "COMPREHENSIVE PHARMACY SERVICES, INC." TO "COMPREHENSIVE PHARMACY SERVICES, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2012, AT 9:57 O'CLOCK P.M.

5088982 8100V

121277660

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0022875

DATE: 11-29-12

TRADEMARK
REEL: 006154 FRAME: 0401

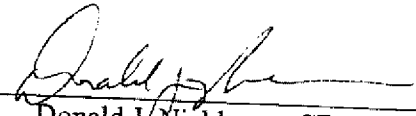
**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT**

The undersigned, pursuant to section 18-214 of the Delaware Limited Liability Company Act, hereby executes, acknowledges, and files the following Certificate of Conversion from a Delaware Corporation to a Delaware Limited Liability Company ("Certificate"):

1. The jurisdiction where Comprehensive Pharmacy Services, Inc. ("Corporation") was first formed is California.
2. The jurisdiction immediately prior to filing this Certificate is Delaware.
3. The date the Corporation first formed is October 3, 1979.
4. The name of the Corporation immediately prior to filing this Certificate is Comprehensive Pharmacy Services, Inc.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is Comprehensive Pharmacy Services, LLC.
6. This Certificate shall be effective on November 29, 2012.

IN WITNESS WHEREOF, the undersigned, being duly authorized to sign on behalf of Comprehensive Pharmacy Services, Inc. has executed this Certificate of Conversion as of the 28 day of November, 2012.

Comprehensive Pharmacy Services, Inc.

By: 
Donald J. Nickleson, CEO

Delaware

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The First State

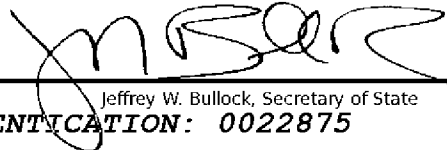
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "COMPREHENSIVE PHARMACY SERVICES, LLC" FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2012, AT 9:57 O'CLOCK P.M.

5088982 8100V

121277660

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0022875

DATE: 11-29-12

TRADEMARK
REEL: 006154 FRAME: 0403

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION

The undersigned, acting as Organizer of a limited liability company, pursuant the Delaware Limited Liability Company Act, Delaware Code Title 6, Chapter 18, hereby executes, acknowledges, and files the following Certificate of Formation ("Certificate"):

1. The name of the limited liability company is Comprehensive Pharmacy Services, LLC ("Company").
2. The name and address of the Company's initial registered agent is as follows:

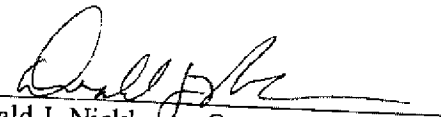
The Corporation Trust Company
1209 Orange Street
Wilmington, DE 19801

3. The address of the Company's principal office is:

6409 Quail Hollow Road
Memphis, TN 38120

4. The Company shall have a perpetual existence, unless it is dissolved earlier in accordance with its limited liability company agreement.
5. This Certificate shall be effective on November 29, 2012.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of Comprehensive Pharmacy Services, LLC this 28 day of November, 2012.

By: 
Donald J. Nickleson, Organizer