

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM456645

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Genoa, a QoL Healthcare Company, LLC		12/15/2017	Limited Liability Company: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Genoa Healthcare LLC		
Street Address:	18300 Cascade Ave. S.		
City:	Tukwila		
State/Country:	WASHINGTON		
Postal Code:	98188		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 10			
Property Type	Number	Word Mark	
Registration Number:	2795667	GENOA	
Registration Number:	4878327	GENOA A QOL HEALTHCARE COMPANY	
Registration Number:	4875542	GENOA UNIVERSITY	
Registration Number:	4828583	O	
Registration Number:	4904126	GENOA ONLINE	
Registration Number:	4904125	MEDANALYZER	
Serial Number:	87575777	GENOA PHARMACY	
Serial Number:	87631789	GENOA MEDICATION MANAGEMENT SOLUTIONS	
Serial Number:	87373689	GENOA TELEPSYCHIATRY	
Serial Number:	87373688	GENOA HEALTHCARE	
CORRESPONDENCE DATA			
Fax Number:	6172359493		
<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:	617-951-7169		
Email:	catherine.murray@ropesgray.com		
Correspondent Name:	Catherine Murray		
Address Line 1:	Prudential Tower, Boylston Street		
Address Line 4:	Boston, MASSACHUSETTS 02199-3600		

CH \$265.00 2795667

ATTORNEY DOCKET NUMBER:	AICE-041-007
NAME OF SUBMITTER:	Catherine Murray
SIGNATURE:	/cmurray/
DATE SIGNED:	01/03/2018
Total Attachments: 3 source=GENOA HEALTHCARE LLC - PA - Certified Copy#page1.tif source=GENOA HEALTHCARE LLC - PA - Certified Copy#page2.tif source=GENOA HEALTHCARE LLC - PA - Certified Copy#page3.tif	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/15/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Genoa Healthcare LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Dec 14, 2017 Effective Dec 15, 2017 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres


Acting Secretary of the Commonwealth

Certification Number: TSC171215090182-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

TRADEMARK
REEL: 006241 FRAME: 0385

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>CSC order #954360-5</u> Name <u>WJ</u>	Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company  TCO171214JM0244
<input checked="" type="checkbox"/> (xx)Return document by email to: <u>cscpa@cscglobal.com</u>	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70

Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: Genoa, a QoL Healthcare Company, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

07/15/2009
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: Corporation Service Company Dauphin
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following:

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

Name of the limited liability company: Genoa Healthcare LLC

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: 12/15/2017 at _____
Date (MM/DD/YYYY) Hour (if any)

2017 DEC 14 AM 9:40
PA. DEPT. OF STATE

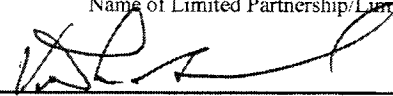
TRADEMARK
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6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:

- The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 13th day of December, 20 17.

Genoa, a QoL Healthcare Company, LLC
Name of Limited Partnership/Limited Liability Company


Signature

Member
Title