CH \$265.00 279566

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	0
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

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.

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

ATTORNEY DOCKET NUMBER:	AICE-041-007
NAME OF SUBMITTER:	Catherine Murray
SIGNATURE:	/cmurray/
DATE SIGNED:	01/03/2018
Total Attachments O	

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

Acting Secretary of the Commonwealth

Certification Number: TSC171215090182-1

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

Entity# : 3893746 Date Filed : 12/14/2017 Effective Date : 12/15/2017

Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

CSC CTCLC #49543&O-5 Name CSC [(xx)Return document by email to: Cscpa@cscglobal.com Read all instructions prior to completing. This form may be summueu omme at <a href="mailto:multiple.com/multip</th><th>1</th><th>Return document by mail to:</th><th></th><th></th></tr><tr><td>TCO171214JM0244 CSC [(xxx)Return document by email to: cscpa@cscglobal.com Read all instructions prior to completing. This form may be summered online at https://www.comportations.ps.gov. Fee: \$70 Check one:</td><td colspan=2>CSC order #954360-5 1B4</td><td></td><td></td></tr><tr><td> CSC CSC CSC CXX Return document by email to: cscpa@cscglobal.com Read all instructions prior to completing. This form may be summured online at https://www.curporations.pa.gov . Fee: \$70 Check one: <td>N</td> <td><u> </u></td> <td></td> <td></td>	N	<u> </u>		
CSC (xx)Return document by email to: cscpa@cscglobal.com Read all instructions prior to completing. This form may be suomitted online at https://www.comportations.pa.gov. Fee: \$70 Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)	7			
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.go/acitalenaments/genoa/ . A 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 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.	-		TCO171214JM0244	
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 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): 1 The amendment shall be effective upon fijing this Certificate of Amendment in the Department of State.	'			
Check one:	L	(xx)Return document by email to: cscpa@cscglobal.com	<u> </u>	
Check one: Limited Partnership (§ 8622) 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: O7/15/2009		Read all instructions prior to completing. This form may b	be suomitted online at https://www.corporations.pa.gov	<u>'/</u> •
Check one: Limited Partnership (§ 8622) 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: O7/15/2009	Ear	\$70		
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: O7/15/2009 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 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.	ree	2: \$70		
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: O7/15/2009 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		Check one: Limited Partnership (§ 8622)	Limited Liability Company (§ 8822)	
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: O7/15/2009 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.				
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: O7/15/2009 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		In compliance with the requirements of the appliable	a provinciona (relating to Amandment or Pastatament 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: O7/15/2009 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 Name of Commercial Registered Office Provider 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): 1 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.	Cer			
2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is: 07/15/2009				
2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is: 07/15/2009	4 -			
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 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.	1.	The name of the finited partnership/finited hability compar	ny is: Genoa, a QoL Healthcare Company, LLC	
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.	2.	The date of filing of the original Certificate of Limited Part	tnership/Certificate of Organization is:	
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.				
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): 1. The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.				
(a) Number and street City State Zip County (b) c/o: Corporation Service Company 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.				
Number and street City State Zip County 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.	3.	The current registered office address as on file with the Dep	partment of State. Complete part (a) OR (b) – not both	:
(b) c/o: Corporation Service Company 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.				
A. 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. 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.		Number and street City	State Zip 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. 		(b) c/o: Corporation Service Company	Dauphin	
 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. 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. 		Name of Commercial Registered Office Provider	County	
 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. 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. 	4.			•
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.	••	• Check and it appropriate complete, one of the following:		•
 ☐ 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. 				•
attached hereto and made a part hereof. 5. Effective date of amendment (check, and if appropriate complete, one of the following): 1. The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.				•
attached hereto and made a part hereof. 5. Effective date of amendment (check, and if appropriate complete, one of the following): 1. The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		■ The amendment adopted by the limited partnership/lim	mited liability company, set forth in full, is as follows:	-
attached hereto and made a part hereof. 5. Effective date of amendment (check, and if appropriate complete, one of the following): 1. The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		■ The amendment adopted by the limited partnership/lim	mited liability company, set forth in full, is as follows:	-
5. Effective date of amendment (check, and if appropriate complete, one of the following): 1. The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		■ The amendment adopted by the limited partnership/lim	mited liability company, set forth in full, is as follows:	
The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		■ The amendment adopted by the limited partnership/lim Name of the limited liability company: Genoa Healtho The amendment adopted by the limited partnership/lim	mited liability company, set forth in full, is as follows:	-
The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.		■ The amendment adopted by the limited partnership/lim Name of the limited liability company: Genoa Healtho The amendment adopted by the limited partnership/lim	mited liability company, set forth in full, is as follows:	-
	5	■ The amendment adopted by the limited partnership/liming Name of the limited liability company: Genoa Healthout The amendment adopted by the limited partnership/liming attached hereto and made a part hereof.	mited liability company, set forth in full, is as follows: care LLC mited liability company is set forth in full in Exhibit A	-
	5.	■ The amendment adopted by the limited partnership/lim Name of the limited liability company: Genoa Healtho The amendment adopted by the limited partnership/lim attached hereto and made a part hereof. Effective date of amendment (check, and if appropriate company)	mited liability company, set forth in full, is as follows: care LLC mited liability company is set forth in full in Exhibit A complete, one of the following):	
Date (MM/DD/YYYY) Hour (if any)	5.	■ The amendment adopted by the limited partnership/liming Name of the limited liability company: Genoa Healthon The amendment adopted by the limited partnership/liming attached hereto and made a part hereof. Effective date of amendment (check, and if appropriate continuous) The amendment shall be effective upon filing this Certain The amendment shall be effective upon filing this Certain The amendment shall be effective upon filing this Certain The amendment shall be effective upon filing this Certain The amendment adopted by the limited partnership/liming the limited partnership/	mited liability company, set forth in full, is as follows: care LLC mited liability company is set forth in full in Exhibit A complete, one of the following): rtificate of Amendment in the Department of State.	-

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

DSCB:15-8622/8822-2

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.
of A	TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate 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
	<u>Member</u>
	Title

TRADEMARK REEL: 006241 FRAME: 0387

RECORDED: 01/03/2018