

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM471759

<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>
Technology Partners, Inc.		04/19/2018	Corporation: NORTH CAROLINA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Technology Partners, LLC		
<b>Street Address:</b>	8757 Red Oak Blvd.		
<b>City:</b>	Charlotte		
<b>State/Country:</b>	NORTH CAROLINA		
<b>Postal Code:</b>	28217		
<b>Entity Type:</b>	Limited Liability Company: NORTH CAROLINA		
<b>PROPERTY NUMBERS Total: 15</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5289388	IMAGINEAPPLIANCE	
<b>Registration Number:</b>	4406157	THE ULTIMATE BILLING MACHINE!	
<b>Registration Number:</b>	4406156	IMAGINERADIOLOGY	
<b>Serial Number:</b>	87831766	IMAGINEDISCOVERY	
<b>Serial Number:</b>	87831788	IMAGINEINTELLIGENCE-FM	
<b>Serial Number:</b>	87789740	IMAGINE	
<b>Serial Number:</b>	87767009	IMAGINE SOFTWARE	
<b>Serial Number:</b>	87767050	IMAGINE SOFTWARE	
<b>Serial Number:</b>	87767111	IMAGINEBILLING	
<b>Serial Number:</b>	87767400	IMAGINEPAY	
<b>Serial Number:</b>	87767424	IMAGINEINTELLIGENCE	
<b>Serial Number:</b>	87767451	IMAGINEAI	
<b>Serial Number:</b>	87767477	IMAGINETRUEICE	
<b>Serial Number:</b>	87767492	IMAGINEMEDFM	
<b>Serial Number:</b>	87767506	IMAGINEMEDMC	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3128622200		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i>			

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*using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.*

**Phone:** 3128628738  
**Email:** michelle.nowicki@kirkland.com  
**Correspondent Name:** Michelle Nowicki  
**Address Line 1:** 300 N. LaSalle  
**Address Line 2:** Kirkland & Ellis LLP  
**Address Line 4:** Chicago, ILLINOIS 60654

<b>ATTORNEY DOCKET NUMBER:</b>	26791-1
<b>NAME OF SUBMITTER:</b>	Michelle Nowicki
<b>SIGNATURE:</b>	/Michelle Nowicki/
<b>DATE SIGNED:</b>	04/29/2018

**Total Attachments: 3**

source=Technology Partners, Inc. to Technology Partners, LLC Entity Conversion North Carolina#page1.tif  
source=Technology Partners, Inc. to Technology Partners, LLC Entity Conversion North Carolina#page2.tif  
source=Technology Partners, Inc. to Technology Partners, LLC Entity Conversion North Carolina#page3.tif

State of North Carolina  
Department of the Secretary of State

ARTICLES OF ORGANIZATION  
INCLUDING ARTICLES OF CONVERSION

Pursuant to §§ 57D-2-21, 57D-9-20 and 57D-9-22 of the General Statutes of North Carolina, the undersigned converting business entity does hereby submit these Articles of Organization Including Articles of Conversion for the purpose of forming a limited liability company pursuant to the conversion of another eligible entity.

1. The name of the limited liability company is: Technology Partners, LLC.  
The limited liability company is being formed pursuant to a conversion of another business entity.  
(See Item 1 of the Instructions for appropriate entity designation)
2. The name of the converting business entity is: Technology Partners, Inc.  
and the organization and internal affairs of the converting business entity are governed by the laws of the state or country of North Carolina.

A plan of conversion has been approved by the converting business entity as required by law.

3. The converting business entity is a (*check one*):  domestic corporation;  foreign corporation;  
 foreign limited liability company;  domestic limited partnership;  
 foreign limited partnership;  domestic registered limited liability partnership;  
 foreign limited liability partnership;  professional corporation; or  other partnership as defined in G.S. 59-36, whether or not formed under the laws of North Carolina.

4. The mailing address of the converting entity prior to the conversion is:

Number and Street: 8757 Red Oak Blvd.  
City: Charlotte State: NC Zip Code: 28217 County: Mecklenburg

If different, the mailing address of the resulting business entity is:

Number and Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

5. The name and address of each person executing these articles of organization is as follows: (*State whether each person is executing these articles of organization in the capacity of a member, organizer or both.*) Note: **This document must be signed by all persons listed.**

Sam Khashman, Organizer

8757 Red Oak Blvd.

Charlotte, NC 28217

6. The name of the initial registered agent is: Sam Khashman

7. The street address and county of the initial registered office of the limited liability company is:

Number and Street: 8757 Red Oak Blvd.

City: Charlotte State: NC Zip Code: 28217 County: Mecklenburg

8. The North Carolina mailing address, *if different from the street address*, of the initial registered office is:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

9. Principal Office Information: *Select either a or b.*

a.  The limited liability company has a principal office.

The principal office telephone number: 704-553-1004

The street address and county of the principal office of the limited liability company is:

Number and Street: 8757 Red Oak Blvd.

City: Charlotte State: NC Zip Code: 28217 County: Mecklenburg

The mailing address, *if different from the street address*, of the principal office of the limited liability company is:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

b.  The limited liability company does not have a principal office.

10. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

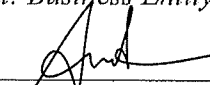
11. (Optional): Please provide a business e-mail address: \_\_\_\_\_.

The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

12. These articles will be effective upon filing, unless a future date is specified: \_\_\_\_\_.

This is the 19<sup>th</sup> day of April, 2018.

\_\_\_\_\_  
*(Optional: Business Entity Name)*

  
\_\_\_\_\_  
*Signature*

**Sam Khashman, Organizer**

\_\_\_\_\_  
*Type or Print Name and Title*

**The below space to be used if more than one organizer or member is listed in Item #5 above.**

\_\_\_\_\_  
*(Optional: Business Entity Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name and Title*

\_\_\_\_\_  
*(Optional: Business Entity Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name and Title*

\_\_\_\_\_  
*(Optional: Business Entity Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name and Title*

\_\_\_\_\_  
*(Optional: Business Entity Name)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Type or Print Name and Title*

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.