

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM472799

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
D1 CURATED HEALTH NETWORK, LLC		04/13/2018	Limited Liability Company: MICHIGAN
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	D1 HEALTHCARE, LLC		
<b>Street Address:</b>	668 MYSTIC WOODS DRIVE		
<b>City:</b>	HOWELL		
<b>State/Country:</b>	MICHIGAN		
<b>Postal Code:</b>	48843		
<b>Entity Type:</b>	Limited Liability Company: MICHIGAN		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87526642	DYNAMIC DEDUCTIBLE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3129855578		
<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>			
<b>Phone:</b>	3129855908		
<b>Email:</b>	ipdocket@clarkhill.com		
<b>Correspondent Name:</b>	Adam J. Fromm		
<b>Address Line 1:</b>	150 East Randolph St., Suite 3900		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60601		
<b>NAME OF SUBMITTER:</b>	Adam J. Fromm		
<b>SIGNATURE:</b>	/Adam J. Fromm/		
<b>DATE SIGNED:</b>	05/04/2018		
<b>Total Attachments: 2</b>			
source=D1 HEALTHCARE llc#page1.tif			
source=D1 HEALTHCARE llc#page2.tif			

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**ID Number: 802083892**

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**Summary for: D1 HEALTHCARE, LLC**

**The name of the DOMESTIC LIMITED LIABILITY COMPANY: D1 HEALTHCARE, LLC**

**The name was changed from: D1 CURATED HEALTH NETWORK, LLC on 04-13-2018**

**Entity type:** DOMESTIC LIMITED LIABILITY COMPANY

**Identification Number:** 802083892 **Old ID Number:** F1551R

**Date of Organization in Michigan:** 04/14/2017

**Purpose:** Other

**Term:** Perpetual

**The name and address of the Resident Agent:**

Resident Agent Name: JUSTIN W SPEWOCK

Street Address: 668 MYSTIC WOODS DRIVE

Apt/Suite/Other:

City: HOWELL State: MI Zip Code: 48843

**Registered Office Mailing address:**

P.O. Box or Street Address: 668 MYSTIC WOODS DRIVE

Apt/Suite/Other:

City: HOWELL State: Zip Code: 48843

**Act Formed Under:** 023-1993 Michigan Limited Liability Company Act

**Acts Subject To:** 023-1993 Michigan Limited Liability Company Act

**Managed By:**

Managers

**View filings for this business entity:**

- ALL FILINGS
- ANNUAL REPORT/ANNUAL STATEMENTS
- CERTIFICATE OF CORRECTION
- CERTIFICATE OF CHANGE OF REGISTERED OFFICE AND/OR RESIDENT AGENT
- RESIGNATION OF RESIDENT AGENT
- CERTIFICATE OF ASSUMED NAME

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