

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM472515

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
SEQUENCE:	1		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DRT Medical, LLC		12/14/2017	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	NN Life Sciences, LLC		
Street Address:	207 Mockingbird Lane		
Internal Address:	2nd Floor		
City:	Johnson City		
State/Country:	TENNESSEE		
Postal Code:	37604		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3161965	AEROMED	
CORRESPONDENCE DATA			
Fax Number:	6152482954		
<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:	615-742-7944		
Email:	trademarks@bassberry.com		
Correspondent Name:	Martha B. Allard		
Address Line 1:	150 3rd Ave. S.		
Address Line 2:	Suite 2800		
Address Line 4:	Nashville, TENNESSEE 37201		
ATTORNEY DOCKET NUMBER:	122839-123		
NAME OF SUBMITTER:	Martha B. Allard		
SIGNATURE:	/Martha B. Allard/		
DATE SIGNED:	05/03/2018		
Total Attachments: 3			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/14/2017	201734700956	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	300.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NN, INC.
207 MOCKINGBIRD LANE, 2ND FLOOR
JOHNSON CITY, TN 37604

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
1560589

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NN LIFE SCIENCES, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 12/14/2017

Document No(s):

201734700956



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
14th day of December, A.D. 2017.

Jon Husted
Ohio Secretary of State

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

[Signature box]

Signature

Vice President

By (if applicable)

Matthew S. Heiter

Print Name

[Signature box]

Signature

[By box]

By (if applicable)

[Print Name box]

Print Name

[Signature box]

Signature

[By box]

By (if applicable)

[Print Name box]

Print Name