

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM477635

<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>
Medsurant Holdings, LLC		03/28/2011	Limited Liability Company: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Medsurant Holdings, LLC		
<b>Street Address:</b>	100 Front Street		
<b>Internal Address:</b>	Suite 280		
<b>City:</b>	Consohocken		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	19428		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3912836	MEDSURANT MONITORING	
<b>Registration Number:</b>	4104609	MEDSURANT MONITORING CONFIDENCE FOR BETT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	3032998151		
<b>Email:</b>	jlevy@shermanhoward.com		
<b>Correspondent Name:</b>	Jessica Stone Levy		
<b>Address Line 1:</b>	633 17th St., Suite 3000		
<b>Address Line 4:</b>	Denver, COLORADO 80202		
<b>NAME OF SUBMITTER:</b>	Jessica Stone Levy		
<b>SIGNATURE:</b>	/Jessica Stone Levy/		
<b>DATE SIGNED:</b>	06/12/2018		
<b>Total Attachments: 3</b>			
source=Medsurant CO SoS entity conversion#page1.tif			
source=Medsurant CO SoS entity conversion#page2.tif			
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Colorado Secretary of State  
 Date and Time: 03/28/2011 03:59 PM  
 ID Number: 20091532057  
 Document number: 20111184113  
 Amount Paid: \$50.00

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**Statement of Conversion Converting a Domestic Entity into a Foreign Entity**  
 filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number 20091532057  
*(Colorado Secretary of State ID number)*

Entity name Medsurant Holdings, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Principal office street address 777 E. Girard Ave.  
*(Street number and name)*  
Ste 250

Englewood CO 80113  
*(City) (State) (ZIP/Postal Code)*  
United States  
*(Province – if applicable) (Country)*

Principal office mailing address \_\_\_\_\_  
*(leave blank if same as street address) (Street number and name or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country)*

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name Medsurant Holdings, LLC

Form of entity Foreign Limited Liability Company

Jurisdiction Delaware

Street address

777 E. Girard Ave.

(Street number and name)

Ste 250

Englewood

(City)

CO

(State)

80113

(ZIP/Postal Code)

(Province – if applicable)

(Country)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. **Caution:** Mark only one box.)

The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

**OR**

The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name

(if an individual)

(Last)

(First)

(Middle)

(Suffix)

**OR**

(if an entity)

(**Caution:** Do not provide both an individual and an entity name.)

Street address

(Street number and name)

(City)

CO

(State)

(ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City)

CO

(State)

(ZIP Code)

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

6. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

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7. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Wainer</u>	<u>Sandra</u>	<u>L.</u>	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
<u>1550 17th Street, Suite 500</u>			
<i>(Street number and name or Post Office Box information)</i>			
<hr/>			
<u>Denver</u>	<u>CO</u>	<u>80202</u>	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
<hr/>	<hr/>		
<i>(Province – if applicable)</i>	<i>(Country)</i>		

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

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