## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM485938

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MINGLE ANALYTICS, LLC		01/25/2016	Limited Liability Company: MAINE

### **RECEIVING PARTY DATA**

Name:	MINGLE ANALYTICS, INC.
Street Address:	24B MARKET SQUARE
Internal Address:	P.O. BOX 82
City:	SOUTH PARIS
State/Country:	MAINE
Postal Code:	04281
Entity Type:	Corporation: MAINE

### **PROPERTY NUMBERS Total: 8**

Property Type	Number	Word Mark
Registration Number:	5134805	MIPS SOLUTIONS
Registration Number:	5134804	MIPS SOLUTIONS
Registration Number:	4957661	PQRS SOLUTIONS
Registration Number:	4957660	PQRS SOLUTIONS
Registration Number:	5002060	MINGLE ANALYTICS
Registration Number:	5002061	MINGLE ANALYTICS
Registration Number:	5002062	TRANSFORMING HEALTHCARE WITH DATA-DRIVEN
Registration Number:	4977689	TRANSFORMING HEALTHCARE WITH DATA-DRIVEN

### **CORRESPONDENCE DATA**

Fax Number: 2077741127

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: 2077741200

jkeenan@bssn.com Email: **Correspondent Name:** James F. Keenan, Jr. Address Line 1: 100 Middle Street P.O. Box 9729 Address Line 2:

Address Line 4: Portland, MAINE 04104

> **TRADEMARK** REEL: 006417 FRAME: 0627

NAME OF SUBMITTER:	James F. Keenan, Jr.	
SIGNATURE:	/James F. Keenan, Jr./	
<b>DATE SIGNED:</b> 08/14/2018		
Total Attachments: 7	•	
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TRADEMARK
REEL: 006417 FRAME: 0628

# State of Maine



# Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.



In Testimony Whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, on this fourteenth day of August, 2018.

Matthew Dunlap Secretary of State

# MAINE LIMITED LIABILITY COMPANY

STATE OF MAINE

### CERTIFICATE OF FORMATION

	Deputy Secretary of State			
Pursuant to 31	MRSA §1531, the undersigned executes and delivers the following Certificate of Formation			
FIRST:	The name of the limited hability company is.			
	Mingle Analytics, LLC  (A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LC" or "LC" or, in the case of a low-profit hinted liability company, "L3C" or "13c" - see 31 MRSA 1508.)			
SECOND:	Filing Date (select one)			
	Date of this filing; or Later effective date (specified here).			
THIRD:	Designation as a low profit LLC (Check only if applicable)			
	This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications see forth here			
	A The company intends to qualify as a low-profit limited hability company.			
	B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenu Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable of educational purposes the company will further;			
	C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property, and			
	D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor			
FOURTH:	Designation as a professional LLC (Check only if applicable)			
	This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services.			
	(Type of professional services)			

FIFTH:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)			
		Commercial Registered Agent	CRA Public Number	
	-	Name of co	ommercial registered agent)	
	-	•	minutela legisterea agenty	
		Noncommercial Registered Agent		
	-	David J. Perkins		
		(Name of no	oncommercial registered agent)	
		32 Pleasant Street, Portland, ME		
		(physical location, not	t P.O. Box – street, city, state and zip code)	
	-	P.O. Box 449, Portland, ME 041		
		(mailing a	address if different from above)	
SIXTH: SEVENTH:	this limited	d liability company.	ent listed above has consented to serve as the registered agent for the set forth in the attached Exhibit, and made a part hereof	
**Authorized	person(s)		Dated December 12011	
			David J. Perkins, Registered Agent	
•	(5ជុំ	grature)	(Type or print name and capacity)	
	(Sq	gnature)	(Type or print name and capacity)	
		service limited hability companies are inclusive list - see 13 MRSA §723.7)	accountants, attorneys, chiropractors, dentists, registered nurses ar	
**Pursuant to	31 MRSA §1	676 1 A, Certificate of Formation MUST	T be signed by at least one authorized person	
The execution	of this certific	cate constitutes an oath or affirmation un	nder the penalties of false swearing under 17-A MRSA §453	
Please remit y	our payment r	nade payable to the Maine Secretary of S	State.	
Submit compl	eted form to:	Secretary of State Division of Corporations, UC 101 State House Station Augusta, ME 04333-0101 Telephone Inquiries. (207) 624		

Form No. MLLC-6 (2 of 2) 7/1/2011

**TRADEMARK REEL: 006417 FRAME: 0631** 

### STATE OF MAINE

### STATEMENT OF CONVERSION

Pursuant to 31 MRSA §1647 the undersigned organization executes and delivers the following statement that it has converted into another organization.

60599 D Pages 4 21796DC
<b>1</b> 5
253600066 CONV
EFFECTIVE
01/25/2016
Deputy Secretary of State
Copy When Attested By Signature

FIRST:	Converting Organization
	The name of the converting organization: Mingle Analytics, LLC
	The form of the converting organization: Limited Liability Company
	The jurisdiction of the converting organization prior to filing this certificate: Maine
	The date of its organization: December 19, 2011
SECOND:	Converted (Resulting) Organization
	The name of the converted (resulting) organization: Mingle Analyatics, Inc.
	The form of the converted (resulting) organization: Corporation
	The jurisdiction of the converted (resulting) organization's governing statute: Maine
	The date of its organization: December 19, 2011
	The address of its principal office is: 24B Market Square, P.O. Box 82, South Paris, ME 04281
THIRD:	The date the conversion is effective under the governing statute of the converted organization: 1/25/2016
FOURTH:	The conversion was approved as required by 31 MRSA Chapter 21 and the limited liability company agreement.
FIFTH:	The conversion was approved as required by the governing statute of the converted organization.
SIXTH:	(Foreign Converted Organization Only)
	The foreign converted organization acknowledges it may be served with process in this State by certified mail and the address of its principal office for the purposes of §1648.3 is:
	(Principal office address)
	(Principal office address)

Form No. MLLC-Conv (1 of 2)

SEVENTH: Res	sult of Conversion (Select One)					
	*The organizing document for the convert part hereof; or	ted (resulting) organi	ization is attached as Exhibi	t <u>A</u> , and made a		
	The converted (resulting) is an organization not filing with the Maine Secretary of State's office.					
	Must Be Completed	by the Convertin	g Organization			
Mingle Analyt	ics, LLC		January 25, 2016			
(learne an	d form of converting organization)			dated)		
Effirm"	(adthorized signature)			Sole Manager/Member name and capacity)		
	(authorized signature)		(type or print	name and capacity)		
*Filing Fee and	Exhibit Requirements: Select the require	ed exhibit below by	clicking the converted (res	ulting) organization type:		
	Domestic Business Corporation Domestic Nonprofit Corporation Domestic Limited Partnership Domestic Limited Liability Company Domestic Limited Liability Partnership Domestic Partnership	Foreign Limite Foreign Limite	ofit Corporation d Partnership d Liability Company d Liability Partnership	Filing fee is \$145 Filing fee is \$40 Filing fee \$175 Filing fee is \$175 Filing fee is \$175 Filing fee is \$175		
	MRSA §§1647 and 1676.1, this statement is party to this conversion.	t of conversion mu	st be signed by a person	authorized by each constituent		
The execution of	this certificate constitutes an oath or affirma	ation, under the pena	alties of false swearing unde	r17-A MRSA §453.		
Please remit you	r payment made payable to the Maine Secre	tary of State.				
Submit complete	d form to: Secretary of State Division of Corporation	•	missions			

Form No. MLLC-Conv (1 of 2) 7/1/2011

Augusta, ME 04333-0101

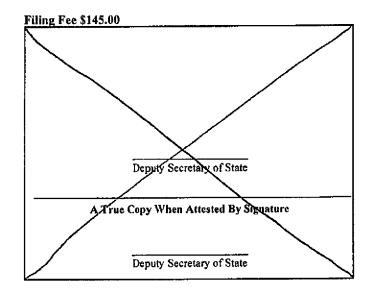
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

# DOMESTIC BUSINESS CORPORATION

### STATE OF MAINE

### ARTICLES OF INCORPORATION



Pursuant to 13	C MRSA §202, the undersigned executes and delivers the following Articles of Incorporation:				
FIRST:	The name of the corporation is Mingle Analytics, Inc.				
SECOND:	("X" only if applicable)				
	This is a professional corporation**formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:				
	(type of professional services)				
THIRD:	The Clerk is a: (select either a Commercial or Noncommercial Clerk - Person must be a Maine resident)				
	Commercial Clerk CRA Public Number:				
	(name of commercial clerk)				
	✓ Noncommercial Clerk				
	Anthony Perkins, Esq.				
	(name of noncommercial clerk)				
	Bernstein Shur, 100 Middle Street, Portland, ME 04101				
	(physical location, not P.O. Box - street, city, state and zip code)				
	Bernstein Shur, P.O. Box 9729, Portland, ME 04104-5029				
	(mailing address if different from above)				
FOURTH:	Pursuant to 5 MRSA §108.3, the clerk as listed above has consented to serve as the clerk for this corporation.				
FIFTH:	("X" one box only)				
	There shall be only one class of shares. The number of authorized shares is 10,000,000				
	(Optional) Name of class: Common				
	There shall be two or more classes or series of shares. The information required by 13-C MRSA §601 con each such class and series is set forth in Exhibit attached hereto and made a part hereof.				

Form No. MBCA-6 (1 of 2)

SIXTH:	("X" ot	ne box only)			
	<b>7</b>	The corporation will have a board of direct	ctors.		
		There will be no directors; the business of	of the Corpo	ration will be managed by shareholders. (13-C MRSA §743)	
SEVENTH	: (For co	(For corporations with directors, each of the following provisions is optional - "X" only if applicable)			
	$oldsymbol{\nabla}$	The number of directors is limited as follo (13-C MRSA §803)	ows: not few	er than nor more than directors.	
	V			.2.D, a director shall have no liability to the Corporation or its or a failure to take an action as a director.	
				n its bylaws, the Corporation shall in all cases provide o its directors and officers to the fullest extent permitted by	
EIGHTH:	("X" or	nly if applicable)			
		The Corporation elects to have preemptive	e rights as de	fined in 13-C MRSA §641.	
NINTH:	("X" or	("X" only if applicable)			
		Additional provisions of these Articles of hereof. (13-C MRSA §202)	Incorporatio	on are set forth in Exhibit attached hereto and made a part	
TENTH:	Name a	and address of each Incorporator is set forth	below or on	Exhibit attached hereto.	
D	aniel Mingle, M.D.			24B Market Square, P.O. Box 82	
<del></del>		(type or print name)		(street or mailing address)	
				South Paris, Malne 04281	
				(city, state and zip code)	
		(type or print name)		(street or mailing address)	
Da	ted Janua	ry 25, 2016	*By	(signature of incorporator)	
				Daniel Mingle, M.D.	
				(type or print name)	

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State

Division of Corporations, UCC and Commissions 101 State House Station, Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

Form No. MBCA-6 (2 of 2) Rev. 10/31/2012

<sup>\*\*</sup>The professional corporation name must contain one of the following: "chartered," "professional corporation," "professional association" or "service corporation" or the abbreviation "P.C.," "P.A." or "S.C.". Examples of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7.)

<sup>\*</sup>These articles must be dated and executed by an incorporator pursuant to the provisions of 13-C MRSA §121.5.