

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM485266

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	06/04/2016

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Wedgewood Village Pharmacy, Inc.		06/01/2016	Corporation: NEW JERSEY

## RECEIVING PARTY DATA

<b>Name:</b>	Wedgewood Village Pharmacy, LLC
<b>Street Address:</b>	405 Heron Drive
<b>City:</b>	Swedesboro
<b>State/Country:</b>	NEW JERSEY
<b>Postal Code:</b>	08085
<b>Entity Type:</b>	Limited Liability Company: DELAWARE

## PROPERTY NUMBERS Total: 13

Property Type	Number	Word Mark
Registration Number:	4652171	QUAD TABS
Registration Number:	4801303	TINY TABS
Registration Number:	4550828	
Registration Number:	4550830	WEDGEWOOD PHARMACY
Registration Number:	4244471	DELIVEREASE
Registration Number:	4248525	MEDI-MELTS
Registration Number:	4248527	TWIST-A-TASTE
Registration Number:	3816009	GOURMEDS
Registration Number:	3782904	TINY TABS
Registration Number:	3668057	TW ST-A-DOSE
Registration Number:	3668058	GOURMEDS
Registration Number:	3668059	TWIST-A-DOSE
Serial Number:	87780442	GREAT CARE, DELIVERED

## CORRESPONDENCE DATA

Fax Number: 3122076400

*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.*

OP \$340.00 4652171

**Phone:** 312-207-1000  
**Email:** ipdocket-chi@reedsmith.com  
**Correspondent Name:** Keyonn L. Pope, Reed Smith LLP  
**Address Line 1:** 10 South Wacker Dr.  
**Address Line 2:** 40th Floor  
**Address Line 4:** Chicago, ILLINOIS 60606-7507

<b>NAME OF SUBMITTER:</b>	Keyonn L. Pope
<b>SIGNATURE:</b>	/Keyonn L. Pope/
<b>DATE SIGNED:</b>	08/08/2018

**Total Attachments: 5**  
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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "WEDGEWOOD VILLAGE PHARMACY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SECOND DAY OF JANUARY, A.D. 2016, AT 1:18 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE THIRD DAY OF JUNE, A.D. 2016, AT 11:57 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FOURTH DAY OF JUNE, A.D. 2016 AT 5 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2017, AT 5:34 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE



  
Jeffrey W. Bullock, Secretary of State

5944344 8100H  
SR# 20185565264

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203028690  
Date: 07-09-18

TRADEMARK  
REEL: 006426 FRAME: 0836


# Delaware

The First State

Page 2

*AFORESAID LIMITED LIABILITY COMPANY, "WEDGEWOOD VILLAGE  
PHARMACY, LLC".*



  
Jeffrey W. Bullock, Secretary of State

5944344 8100H  
SR# 20185565264

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203028690  
Date: 07-09-18

**TRADEMARK**  
**REEL: 006426 FRAME: 0837**

**CERTIFICATE OF FORMATION**

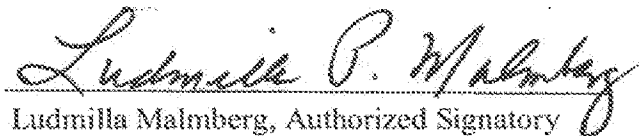
**OF**

**WEDGEWOOD VILLAGE PHARMACY, LLC**

In compliance with the requirements of Section 18-201 of the Delaware Limited Liability Company Act, relating to the formation of a limited liability company, the undersigned, desiring to form a limited liability company, hereby certifies that:

1. The name of the limited liability company is Wedgewood Village Pharmacy, LLC.
2. The address of the limited liability company's registered office is 2711 Centerville Road, Suite 400, Wilmington, New Castle County, Delaware 19808. Its registered agent at such address is Corporation Service Company.

IN TESTIMONY WHEREOF, the undersigned has executed this Certificate of Formation this 22<sup>nd</sup> day of January, 2016.

  
Ludmilla Malmberg, Authorized Signatory

## Certificate of Merger of a Foreign Corporation into a Domestic Limited Liability Company

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act.

**First:** The name of the surviving Limited Liability Company is Wedgewood Village Pharmacy, LLC, a Delaware Limited Liability Company.

**Second:** The name of the Corporation being merged into this surviving Limited Liability Company is Wedgewood Village Pharmacy, Inc.  
The jurisdiction in which this Corporation was formed is New Jersey.

**Third:** The Agreement of Merger has been approved and executed by both entities.

**Fourth:** The name of the surviving Limited Liability Company is Wedgewood Village Pharmacy, LLC.

**Fifth:** The executed agreement of merger is on file at 405 Heron Drive, Swedesboro, New Jersey 08085  
the principal place of business of the surviving Limited Liability Company.

**Sixth:** A copy of the agreement of merger will be furnished by the surviving Limited Liability Company on request, without cost, to any member of the Limited Liability Company or any person holding an interest in any other business entity which is to merge or consolidate.

**Seventh:** The effective date and time of the merger is **June 4, 2016 at 5:00 P.M. EST.**

IN WITNESS WHEREOF, said Limited Liability Company has caused this certificate to be signed by an authorized person, this 1st day of June, A.D., 2016.

By: Ludmilla Malmberg

Authorized Person

Name: Ludmilla Malmberg

nt or Type

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT CHANGING ONLY THE  
REGISTERED OFFICE OR REGISTERED AGENT OF A  
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is \_\_\_\_\_  
WEDGEWOOD VILLAGE PHARMACY, LLC

2. The Registered Office of the limited liability company in the State of Delaware is changed to Corporation Trust Center, 1209 Orange Street \_\_\_\_\_  
\_\_\_\_\_ (street), in the City of Wilmington \_\_\_\_\_  
Zip Code 19801 \_\_\_\_\_. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is \_\_\_\_\_  
THE CORPORATION TRUST COMPANY

By:  \_\_\_\_\_  
Authorized Person

Name: \_\_\_\_\_ Macey A. Bliss  
Print or Type