

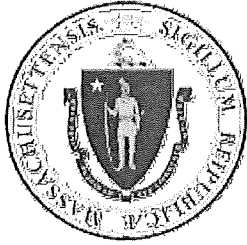
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM492240

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Emerge Clinical Site Relations, LLC		01/09/2012	Limited Liability Company: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	CLINEDGE, LLC		
Street Address:	108 Myrtle Street, Suite 201		
City:	Quincy		
State/Country:	MASSACHUSETTS		
Postal Code:	02171		
Entity Type:	Limited Liability Company: MASSACHUSETTS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4219551	CLINEDGE	
CORRESPONDENCE DATA			
Fax Number:	4018618210		
<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:	401-861-8200		
Email:	trademark@psh.com		
Correspondent Name:	JOHN E. OTTAVIANI		
Address Line 1:	40 Westminster Street, Suite 1100		
Address Line 4:	PROVIDENCE, RHODE ISLAND 02903		
NAME OF SUBMITTER:	JOHN E. OTTAVIANI		
SIGNATURE:	/jeo/		
DATE SIGNED:	10/02/2018		
Total Attachments: 3			
source=Name Change Document#page1.tif			
source=Name Change Document#page2.tif			
source=Name Change Document#page3.tif			

CH \$40.00 4219551



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 001043968 (must be 9 digits)

Annual Report Filing Year: 2012

1.a. Exact name of the limited liability company: EMERGE CLINICAL SITE RELATIONS, LLC

1.b. The exact name of the limited liability company as amended, is: CLINEDGE, LLC

2a. Location of its principal office:

No. and Street: 45 PEARL STREET, SUITE B&C
 City or Town: BROCKTON State: MA Zip: 02301 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 45 PEARL STREET, SUITE B&C
 City or Town: BROCKTON State: MA Zip: 02301 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
CLINICAL RESEARCH SERVICES

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: ALFRED PETERS
 No. and Street: 45 PEARL STREET, SUITES B&C
 City or Town: BROCKTON State: MA Zip: 02301 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	ALFRED PETERS	45 PEARL STREET, SUITE B&C BROCKTON, MA 02301

TRADEMARK
REEL: 006474 FRAME: 0376

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ALFRED PETERS	45 PEARL STREET, SUITE B&C BROCKTON, MA 02301 USA

9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 9 Day of January, 2012,
AL PETERS , Signature of Authorized Signatory.**

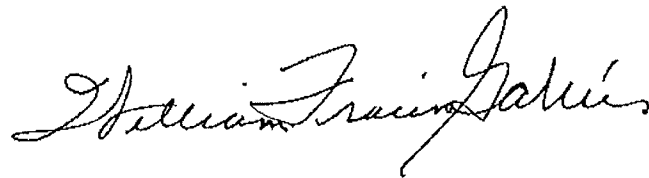
© 2001 - 2012 Commonwealth of Massachusetts
All Rights Reserved

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:

January 09, 2012 05:05 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth