

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM503570

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Neishloss & Fleming, Inc.		01/04/2018	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Neishloss & Fleming, LLC		
Street Address:	2275 Swallow Hill Road		
Internal Address:	Building 300		
City:	Pittsburgh		
State/Country:	PENNSYLVANIA		
Postal Code:	15220		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4606470	READY-AGENT	
Registration Number:	5233899	FOCUS SENIOR BENEFITS, INC	
Registration Number:	5233898	FOCUS SENIOR BENEFITS	
CORRESPONDENCE DATA			
Fax Number:	4023909005		
<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:	4023909500		
Email:	ip@koleyjessen.com		
Correspondent Name:	Roberta L. Christensen		
Address Line 1:	1125 S 103rd Street		
Address Line 2:	Suite 800		
Address Line 4:	Omaha, NEBRASKA 68124		
ATTORNEY DOCKET NUMBER:	18636-5011, 5012, 5013		
NAME OF SUBMITTER:	Roberta L. Christensen		
SIGNATURE:	/rlc/		
DATE SIGNED:	12/27/2018		
Total Attachments: 6			

OP \$90.00 4606470

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC
counter
Harrisburg PA 17101


Neishloss & Fleming, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch.

ENTITY NUMBER : 1534272

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <u>BELINDA SCHORY</u> Name <u>PENNCORP SERVICEGROUP, INC.</u> <u>600 NORTH SECOND STREET</u> Address <u>PO BOX 1210</u> <u>HARRISBURG, PA 17108-1210</u> City <u>HARRISBURG, PA</u> State <u>PA</u> Zip Code <u>17108-1210</u> <input type="checkbox"/> Return document by email to: <u>belinda.schory@penncorp.state.pa.us</u>	<p align="center">Statement of Conversion DSCB:15-355 (7/1/2015)</p>  <p align="center">TCO180104MC1221</p>
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Read all instructions prior

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Neishloss & Fleming, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

11/03/1989
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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PA. DEPT. OF STATE

6. Check and complete one of the following addresses for the converting association.


<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) <u>2275 Swallow Hill Road; Suite 300</u> <u>Pittsburgh</u> <u>PA</u> <u>15220</u> <u>Allegheny</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ <small>Number and street City State Zip</small></p>

B. For the converted association:

1. The name of the converted association is: Neishloss & Fleming, LLC
2. The jurisdiction of formation of the converted association is: Pennsylvania
3. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Name: <u>BELINDA SCHORY</u> <u>PENNCORP SERVICEGROUP, INC.</u> Address: <u>600 NORTH SECOND STREET</u> <u>PO BOX 1210</u> City: <u>HARRISBURG, PA 17108-1210</u> State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Return document by email to: <u>penncorp@penncorp.pa.gov</u>	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)  8321
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Nelshloss & Fleming, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

<u>2275 Swallow Hill Road; Suite 300</u>	<u>Pittsburgh</u>	<u>PA</u>	<u>15220</u>	<u>Allegheny</u>
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: _____
 Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Margaret Fleming

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: 01/04/2018 at _____
 Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.


Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

4th day of January, 2018.



 Signature

 Signature

 Signature