

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM506965

<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>
Correct Care Solutions, LLC		11/27/2018	Limited Liability Company: KANSAS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Wellpath LLC		
<b>Street Address:</b>	1283 Murfreesboro Road		
<b>Internal Address:</b>	Suite 500		
<b>City:</b>	Nashville		
<b>State/Country:</b>	TENNESSEE		
<b>Postal Code:</b>	37217		
<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>	5620333	ERMA	
<b>Registration Number:</b>	4776053	CORRECT CARE RECOVERY SOLUTIONS	
<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>	2026637271		
<b>Email:</b>	thomas.brooke@hklaw.com		
<b>Correspondent Name:</b>	Thomas W. Brooke		
<b>Address Line 1:</b>	c/o Holland & Knight LLP, 800 17th Stree		
<b>Address Line 2:</b>	Suite 1100		
<b>Address Line 4:</b>	Washington, D.C. 20006		
<b>NAME OF SUBMITTER:</b>	Thomas W. Brooke		
<b>SIGNATURE:</b>	/Thomas W. Brooke/		
<b>DATE SIGNED:</b>	01/23/2019		
<b>Total Attachments: 2</b>			
source=correctcareWellpath#page1.tif			
source=correctcareWellpath#page2.tif			

OP \$65.00 5620333

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:30 AM 12/04/2018  
FILED 11:30 AM 12/04/2018  
SR 20187980782 - File Number 7192611

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Kansas
- 2.) The jurisdiction immediately prior to filing this Certificate is Kansas
- 3.) The date the Non-Delaware Limited Liability Company first formed is August 29, 2003
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Correct Care Solutions, LLC
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Wellpath LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
27 day of November, A.D. 2018

By: 

Authorized Person

Name: David L. Perry

Print or Type

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:30 AM 12/04/2018  
FILED 11:30 AM 12/04/2018  
SR 20187980782 - File Number 7192611

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

• First: The name of the limited liability company is Wellpath LLC

• Second: The address of its registered office in the State of Delaware is 3411  
SILVERSIDE RD, SUITE 104 in the City of WILMINGTON  
Zip Code 19810

The name of its Registered agent at such address is \_\_\_\_\_  
CORPORATE CREATIONS NETWORK INC.

• Third: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
24<sup>th</sup> day of November, 20 18.

By David L. Perry  
Authorized Person(s)

Name: David L. Perry  
Typed or Printed