

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM516771

<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>
SMILEBACK, LLC		10/18/2017	Limited Liability Company: WASHINGTON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SMILEBACK, LLC		
<b>Street Address:</b>	427 N Tatnall St #64120		
<b>City:</b>	Wilmington		
<b>State/Country:</b>	DELAWARE		
<b>Postal Code:</b>	19801		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5640234	SMILEBACK	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4252789951		
<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>	425-278-9955		
<b>Email:</b>	dwcdocket@dwcattorney.com		
<b>Correspondent Name:</b>	DWC Law Firm, P.S.		
<b>Address Line 1:</b>	PO Box 3041		
<b>Address Line 4:</b>	Seattle, WASHINGTON 98114		
<b>NAME OF SUBMITTER:</b>	Tyler Hubley		
<b>SIGNATURE:</b>	/tyler hubley/		
<b>DATE SIGNED:</b>	04/01/2019		
<b>Total Attachments: 6</b>			
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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 THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SMILEBACK,  
LLC" FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF OCTOBER,  
A.D. 2017, AT 7:44 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6581907 8100F  
SR# 20176684993

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

Authentication: 203422324  
Date: 10-18-17

**TRADEMARK**  
**REEL: 006605 FRAME: 0476**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A WASHINGTON LIMITED LIABILITY COMPANY UNDER THE NAME OF "SMILEBACK, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2017, AT 7:44 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6581907 8100F  
SR# 20176684993

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

Authentication: 203422324  
Date: 10-18-17

**TRADEMARK**  
**REEL: 006605 FRAME: 0477**

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

Pursuant to Section 18-214 of the Limited Liability Company Act of the State of Delaware, the following Certificate of Conversion is herewith submitted for filing.

1. SmileBack, LLC, a Washington limited liability company (the "***Converting Entity***") shall be converted into SmileBack, LLC, a Delaware limited liability company (the "***Surviving Entity***").
2. Prior to the conversion, the name and form of the Converting Entity is SmileBack, LLC, a Washington limited liability company formed in the State of Washington on September 26, 2014.
3. At the effective time of the conversion, the name and form of the Surviving Entity shall be SmileBack, LLC, a Delaware limited liability company.
4. The effective time of the conversion shall be upon the filing of this Certificate of Conversion and the Certificate of Formation of the Surviving Entity with the Delaware Secretary of State.

*[Signature Page Follows]*

DATED this 18th day of October, 2017.

**SMILEBACK, LLC**

DocuSigned by:  
By: Jamison West  
Name: Jamison West  
Its: Manager

**CERTIFICATE OF FORMATION**

**OF**

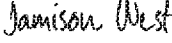
**SMILEBACK, LLC**

The undersigned, an authorized person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the Delaware Limited Liability Company Act of the State of Delaware (6 Del. C. § 18-101, et seq.) hereby certifies that:

FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is SmileBack, LLC.

SECOND: The name and address of the registered office of the limited liability company and the registered agent of the limited liability company required to be maintained by Section 18-104 of the Delaware Limited Liability Company Act are Capitol Services, Inc., 1675 S. State Street, Suite B, City of Dover, County of Kent, Delaware 19901.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation  
this 18th day of October, 2017.

DocuSigned by:  
  
4A243444868D46D  
\_\_\_\_\_  
Jamison West, Manager

*[Signature Page to SmileBack, LLC Certificate of Formation]*

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**RECORDED: 04/01/2019**

**TRADEMARK  
REEL: 006605 FRAME: 0481**