

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM524602

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Seneca Medical, Inc.		03/23/2016	Company: OHIO
RECEIVING PARTY DATA			
Name:	Seneca Medical, LLC		
Street Address:	85 Shaffer Park Drive		
City:	Tiffin		
State/Country:	OHIO		
Postal Code:	44883		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4333579	HCS MEDICAL SOLUTIONS	
Registration Number:	4287751	SENECA MEDICAL	
CORRESPONDENCE DATA			
Fax Number:	8005915804		
<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:	4194085500		
Email:	Jake@wardpatent.com, jenn@wardpatent.com		
Correspondent Name:	Jacob M. Ward		
Address Line 1:	120 1/2 S. Washington Street, Suite 207		
Address Line 4:	Tiffin, OHIO 44883		
NAME OF SUBMITTER:	Jacob M. Ward		
SIGNATURE:	/Jacob M. Ward/		
DATE SIGNED:	05/22/2019		
Total Attachments: 10			
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source=Seneca Medical Entity Conversion#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/24/2016	201608400302	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	5.00	5.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
 CHRIS RICKARD
 4400 EASTON COMMONS WAY, STE 125
 COLUMBUS, OH 43219

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, Jon Husted

761086

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SENECA MEDICAL, LLC

and, that said business records show the filing and recording of:

Document(s)

Conversion Within SOS Records

Effective Date: 03/23/2016

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

201608400302



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the
 Secretary of State at Columbus, Ohio this
 24th day of March, A.D. 2016.

Jon Husted

Ohio Secretary of State

TRADEMARK

REEL: 006651 FRAME: 0179



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
buscarv@OhioSecretaryofState.gov

File online or for more information: www.OH-BusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1529
Columbus, OH 43210

Expedite Filing (Two business day processing time)
Requires an additional \$100.00

P.O. Box 1390
Columbus, OH 43218

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio Secretary of State

(2) Converting Off The Records of the Ohio Secretary of State
(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
 (Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation (For-Profit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

Effective Date (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)
 (Optional)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

Zip Code

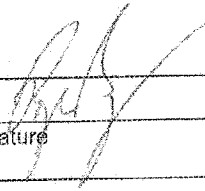
See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required

Must be signed by an authorized representative.


[Signature box]
Signature

[By box]
By (if applicable)

Roger Benz
[Print Name box]
Print Name

[Signature box]
Signature

[By box]
By (if applicable)

[Print Name box]
Print Name

[Signature box]
Signature

[By box]
By (if applicable)

[Print Name box]
Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities:

Seneca Medical, Inc.

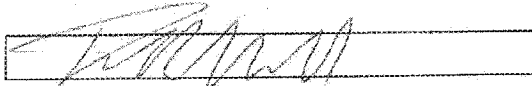
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	03/17/2016	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	03/17/2016
*Only required for domestic for-profit corporations			
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	03/14/2016	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title CFO

Todd R. Howell

Name

85 Shaffer Park Drive

Mailing Address

Tiffin

City

OH

State


44883

Zip Code

Sworn to and subscribed in my presence on 03/21/2016

Date




Christine Baehner
Notary Public

Commission Expires 6/10/18
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Section of the Ohio Revised Code.

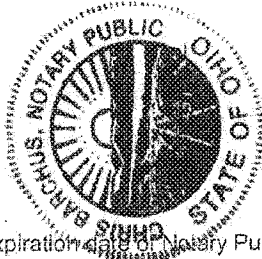
That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Signature:

Title:

Sworn to and subscribed in my presence on Date



Notary Public

Expiration Date of Notary Public's Commission Date



Form 533A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 460-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time)

Requires an additional \$100.00

P.O. Box 1390

Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date (Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for (Optional)

Period of Existence

Purpose (Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Seneca Medical, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Roger W. Benz

Name of Agent

85 Shaffer Park Drive

Mailing Address

Tiffin

City

Ohio

State

44883

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, Roger W. Benz named herein as the statutory agent

Statutory Agent Name

for Seneca Medical, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

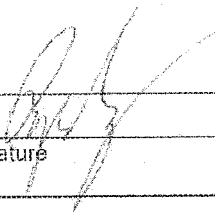
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Roger Benz
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name