

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM538797

<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>
Lacuna Health, Inc.		06/20/2018	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Lacuna Health, LLC		
<b>Street Address:</b>	680 South Fourth Street		
<b>City:</b>	Louisville		
<b>State/Country:</b>	KENTUCKY		
<b>Postal Code:</b>	40202		
<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>	5698325	LACUNA HEALTH	
<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>	7038373932		
<b>Email:</b>	mpaul@stites.com		
<b>Correspondent Name:</b>	Mari-Elise Paul		
<b>Address Line 1:</b>	400 W. Market St., Suite 1800		
<b>Address Line 4:</b>	Louisville, KENTUCKY 40202		
<b>NAME OF SUBMITTER:</b>	Mari-Elise Paul		
<b>SIGNATURE:</b>	/mari-elise paul/		
<b>DATE SIGNED:</b>	08/29/2019		
<b>Total Attachments: 4</b>			
source=Lacuna Health Inc.-DE-Conversion (005)#page1.tif			
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OP \$40.00 5698325

# 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 CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "LACUNA HEALTH, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "LACUNA HEALTH, INC." TO "LACUNA HEALTH, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2018, AT 7:34 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6619474 8100V  
SR# 20185277683

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

Authentication: 202937482  
Date: 06-22-18

**TRADEMARK**  
**REEL: 006732 FRAME: 0862**

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

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is November 16, 2017.
- 4.) The name of the Corporation immediately prior to filing this Certificate is  
Lacuna Health, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of  
Formation is Lacuna Health, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
20th day of June, A.D. 2018

By:   
Authorized Person

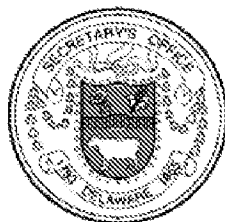
Name: Joseph L. Landenwich  
Print or Type

# 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 "LACUNA HEALTH, LLC" FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2018, AT 7:34 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6619474 8100V  
SR# 20185277683

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

Authentication: 202937482  
Date: 06-22-18

**TRADEMARK**  
**REEL: 006732 FRAME: 0864**

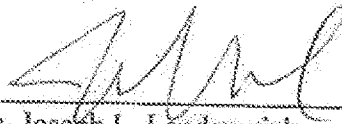
CERTIFICATE OF FORMATION

OF

Lacuna Health, LLC

1. The name of the limited liability company is Lacuna Health, LLC.
2. The address of its registered office in the State of Delaware is: Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of Lacuna Health, LLC this 20th day of June, 2018.



Name: Joseph L. Landenwich  
Title: Authorized Person