

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM566468

| | |
|------------------------------|-------------------|
| SUBMISSION TYPE: | RESUBMISSION |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION |
| RESUBMIT DOCUMENT ID: | 900537791 |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|------------------------------|----------|----------------|-------------------------|
| Aspen Medical Products, Inc. | | 05/22/2019 | Corporation: CALIFORNIA |

RECEIVING PARTY DATA

| | |
|------------------------|---------------------------------------|
| Name: | Aspen Medical Products, LLC |
| Street Address: | 6481 Oak Canyon |
| City: | Irvine |
| State/Country: | CALIFORNIA |
| Postal Code: | 92618 |
| Entity Type: | Limited Liability Company: CALIFORNIA |

PROPERTY NUMBERS Total: 11

| Property Type | Number | Word Mark |
|----------------|----------|--------------------|
| Serial Number: | 76312971 | A |
| Serial Number: | 74475651 | ASPEN |
| Serial Number: | 76312972 | ASPEN |
| Serial Number: | 77730740 | BACK TO WORK BRACE |
| Serial Number: | 77899077 | CONTOUR |
| Serial Number: | 87755134 | |
| Serial Number: | 85176722 | EVERGREEN |
| Serial Number: | 88683474 | NEWMATIX |
| Serial Number: | 85832873 | PEAK |
| Serial Number: | 78750350 | QUIKDRAW |
| Serial Number: | 85932125 | VISTA |

CORRESPONDENCE DATA

Fax Number: 3124635001

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.

Phone: 312-463-5000

Email: bwptotm@bannerwitcoff.com

Correspondent Name: Banner & Witcoff, Ltd.

Address Line 1: 71 South Wacker Drive, Suite 3600

TRADEMARK

Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER: 009248.00002

NAME OF SUBMITTER: Brian Apel

SIGNATURE: /Brian Apel/

DATE SIGNED: 03/11/2020

Total Attachments: 13

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1732915 ^{af}

FILED
In the office of the Secretary of State
of the State of California

ARTICLES OF INCORPORATION

OCT 15 1993

OF

INTERNATIONAL HEALTHCARE DEVICES

March Fong Eu
MARCH FONG EU, Secretary of State

I.

The name of this corporation is INTERNATIONAL HEALTHCARE DEVICES.

II.

The purpose of this corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

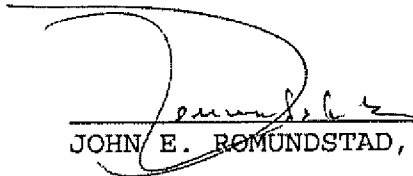
III.

The name and address in the State of California of this corporation's initial agent for the service of process is: JOHN E. ROMUNDSTAD, 100 Oceangate, Suite 1000, Long Beach, California 90802.

IV.

This corporation is authorized to issue only one class of shares of stock. The total number of shares this corporation is authorized to issue is 100,000.

DATED: October 6, 1993



JOHN E. ROMUNDSTAD, Incorporator

A0507130

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

FILED
In the office of the Secretary of State
of the State of California
APR 14 1998

Bill Jones
BILL JONES, Secretary of State

DANIEL J. WILLIAMSON certifies that:

1. He is President and Secretary of INTERNATIONAL HEALTHCARE DEVICES, a California corporation.

2. Article IV. of the Articles of Incorporation of this corporation is amended to read as follows:

"IV.

This corporation is authorized to issue only one class of shares of stock. The total number of shares this corporation is authorized to issue is 5,000,000. On the amendment of this Article to read as set forth above, each outstanding share of capital stock is split up and converted into 50 shares of capital stock."

3. The foregoing Amendment of Articles of Incorporation has been duly approved by the Board of Directors.

4. The foregoing Amendment of Articles of Incorporation does not require shareholder approval in accordance with Section 902(c) of the California Corporations Code.

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in the foregoing Certificate are true and correct of my own knowledge.

Executed at Long Beach, California, on April 10, 1998.

Daniel J. Williamson
DANIEL J. WILLIAMSON, President/Secretary

IHD.005 Cert of Amend

TRADEMARK

REEL: 006891 FRAME: 0438

A0552360

1732915

CERTIFICATE OF AMENDMENT

OF

ARTICLES OF INCORPORATION

FILED
In the Office of the Secretary of State
of the State of California

SEP 19 2000

Bill Jones
BILL JONES, Secretary of State

I, DANIEL J. WILLIAMSON, certify that:

1. I am the President and Secretary of INTERNATIONAL HEALTHCARE DEVICES, a California corporation.

2. Article One of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this Corporation is ASPEN MEDICAL PRODUCTS.

3. The foregoing Amendment of Articles of Incorporation has been duly approved by the Board of Directors.

4. The foregoing Amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902 of the California Corporations Code. The total number of outstanding shares of the corporation is 625,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than fifty percent (50%).

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in the foregoing Certificate are true and correct of my own knowledge.

Executed at Long Beach, California, on September 12, 2000.

Daniel J. Williamson
DANIEL J. WILLIAMSON, President and
Secretary

A0556186

FILED *SLB*
In the Office of the Secretary of State
of the State of California

1732915 SURV
AGREEMENT OF MERGER

NOV 29 2000

Bill Jones
BILL JONES, Secretary of State

This Agreement of Merger is entered into between ASPEN MEDICAL PRODUCTS, a California corporation (herein "Surviving Corporation"), and FIJI ENTERPRISES, a California corporation (herein "Merging Corporation").

1. Merging Corporation shall be merged into Surviving Corporation.
2. The outstanding shares of Merging Corporation shall be canceled, and no shares of Surviving Corporation shall be issued in exchange therefore.
3. The outstanding shares of Surviving Corporation shall remain outstanding and are not affected by the merger.
4. Merging Corporation shall from time to time, as and when requested by Surviving Corporation, execute and deliver all such documents and instruments and take all such action necessary or desirable to evidence or carry out this merger.
5. The effect of the merger and the effective date of the merger are as prescribed by law.

IN WITNESS WHEREOF the parties have executed this Agreement.

ASPEN MEDICAL PRODUCTS

By:

Daniel J. Williamson
DANIEL J. WILLIAMSON, President and
Secretary

FIJI ENTERPRISES

By:

Daniel J. Williamson
DANIEL J. WILLIAMSON, President and
Secretary

CERTIFICATE OF APPROVAL
OF
AGREEMENT OF MERGER

DANIEL J. WILLIAMSON certifies that:


1. He is the president and the secretary of ASPEN MEDICAL PRODUCTS, a California corporation.
2. The Agreement of Merger in the form attached was duly approved by the board of directors and shareholders of the corporation.
3. The shareholder approval was by the holders of 100% of the outstanding shares of the corporation.
4. There is only one class of shares and the number of shares outstanding is Six Hundred Twenty-Five Thousand (625,000).

He further declares under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of his own knowledge.

DATED: 9-20, 2000

ASPEN MEDICAL PRODUCTS

By:


DANIEL J. WILLIAMSON,
President and Secretary

CERTIFICATE OF APPROVAL
OF
AGREEMENT OF MERGER

DANIEL J. WILLIAMSON certifies that:


1. He is the president and the secretary of FIJI ENTERPRISES, a California corporation.
2. The Agreement of Merger in the form attached was duly approved by the board of directors and shareholders of the corporation.
3. The shareholder approval was by the holders of 100% of the outstanding shares of the corporation.
4. There is only one class of shares and the number of shares outstanding is One Hundred (100).

He further declares under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of his own knowledge.

DATED: 9-20, 2000

FIJI ENTERPRISES

By:


DANIEL J. WILLIAMSON,
President and Secretary



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

F044349

FILED

In the office of the Secretary of State
of the State of California

JUL-18 2014

1. CORPORATE NAME

ASPEN MEDICAL PRODUCTS

2. CALIFORNIA CORPORATE NUMBER

C1732915

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE
6481 OAK CANYON, IRVINE, CA 92618

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE
6481 OAK CANYON, IRVINE, CA 92618

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE
DANIEL J WILLIAMSON 6481 OAK CANYON, IRVINE, CA 92618

8. SECRETARY ADDRESS CITY STATE ZIP CODE
DANIEL J WILLIAMSON 6481 OAK CANYON, IRVINE, CA 92618

9. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE
RANDAL L BARBERA 6481 OAK CANYON, IRVINE, CA 92618

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME ADDRESS CITY STATE ZIP CODE
GEOFFREY C GARTH 6481 OAK CANYON, IRVINE, CA 92618

11. NAME ADDRESS CITY STATE ZIP CODE
DANIEL J WILLIAMSON 6481 OAK CANYON, IRVINE, CA 92618

12. NAME ADDRESS CITY STATE ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
DANIEL J WILLIAMSON

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE
6481 OAK CANYON, IRVINE, CA 92618

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
MFG & SALES OF MEDICAL DEVICES

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

07/18/2014 KIM E SCHERER FINANCIAL ANALYST
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE



**State of California
Secretary of State**

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEE (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

G261921

FILED

In the office of the Secretary of State
of the State of California

DEC-26 2018

1. CORPORATE NAME

ASPEN MEDICAL PRODUCTS

2. CALIFORNIA CORPORATE NUMBER

C1732915

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY STATE ZIP CODE

5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4 CITY STATE ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ ADDRESS CITY STATE ZIP CODE

8. SECRETARY ADDRESS CITY STATE ZIP CODE

9. CHIEF FINANCIAL OFFICER/ ADDRESS CITY STATE ZIP CODE

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME ADDRESS CITY STATE ZIP CODE

11. NAME ADDRESS CITY STATE ZIP CODE

12. NAME ADDRESS CITY STATE ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

12/26/2018 DANIEL WILLIAMSON CEO
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

D1515218

201914210517



State of California
Secretary of State

1732915 - Out

Limited Liability Company
Articles of Organization - Conversion

LLC-1A

File #

FILED
Secretary of State
State of California

emp
KM

MAY 22 2019

This Space For Filing Use Only

IMPORTANT — Read all instructions before completing this form.

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

ASPEN MEDICAL PRODUCTS, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

City

State

Zip Code

6481 Oak Canyon, Irvine

CA 92618

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

City

State

Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

Daniel J. Williamson

b. If an Individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

City

State

Zip Code

6481 Oak Canyon, Irvine

CA 92618

c. If an Individual, Mailing Address of Agent for Service of Process

City

State

Zip Code

6481 Oak Canyon, Irvine, CA 92618

Converting Entity Information

7. Name of Converting Entity

ASPEN MEDICAL PRODUCTS

8. Form of Entity

Corporation

9. Jurisdiction

California

10. CA Secretary of State File Number, if any

C1732915

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.
Common Stock, 1,000,000 shares

AND

The percentage vote required of each class.
51%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Daniel J. Williamson
Signature of Authorized Person

Daniel J. Williamson, President and Secretary
Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person

LLC-1A (REV 10/2018)

APPROVED BY SECRETARY OF STATE



**State of California
Secretary of State**

1732915 - Out

**Limited Liability Company
Articles of Organization - Conversion**

LLC-1A

File #

201914210517

FILED *emp/SAR*
Secretary of State
State of California

1CC **MAY 22 2019**

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

ASPEN MEDICAL PRODUCTS, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):



One Manager



More Than One Manager



All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

6481 Oak Canyon, Irvine

City

State

Zip Code

CA 92618

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

City

State

Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

Daniel J. Williamson

b. If an Individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

6481 Oak Canyon, Irvine

City

State

Zip Code

CA 92618

c. If an Individual, Mailing Address of Agent for Service of Process

6481 Oak Canyon, Irvine, CA 92618

City

State

Zip Code

Converting Entity Information

7. Name of Converting Entity

ASPEN MEDICAL PRODUCTS

8. Form of Entity

Corporation

9. Jurisdiction

California

10. CA Secretary of State File Number, if any,

C1732915

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.
Common Stock, 1,000,000 shares

AND

The percentage vote required of each class.
51%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Daniel J. Williamson
Signature of Authorized Person

Daniel J. Williamson, President and Secretary

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person

LLC-1A (REV 10/2018)

APPROVED BY SECRETARY OF STATE

19-312691



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

2K

FILED
Secretary of State
State of California

JUN 10 2019

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions before completing this form.

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

21/20/PC
Above Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

Aspen Medical Products, LLC

2. 12-Digit Secretary of State Entity (File) Number

201914210517

3. State, Foreign Country or Place of Organization (only if formed outside of California)

California

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box

6481 Oak Canyon

City (no abbreviations)

Irvine

State

CA

Zip Code

92618

b. Mailing Address of LLC, if different than Item 4a

City (no abbreviations)

State

Zip Code

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box

City (no abbreviations)

State

CA

Zip Code

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A.

a. First Name, if an individual - Do not complete Item 5a

Middle Name

Last Name

Suffix

b. Entity Name - Do not complete Item 5a

Aspen Acquisition, LLC

c. Address

140 E. 45th Street, 43rd Floor

City (no abbreviations)

New York

State

NY

Zip Code

10017

6. Service of Process (Must provide either individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. Call oris Agent's First Name (if agent is not a corporation)

Middle Name

Last Name

Suffix

b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box

City (no abbreviations)

State

CA

Zip Code

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b

Corporation Service Company Which Will Do Business In California As CSC-Lawyers Incorporating Service

C1592/99

7. Type of Business

Describe the type of business or services of the Limited Liability Company

manufacturer and sales of medical devices

8. Chief Executive Officer, if elected or appointed

a. First Name

Daniel

Middle Name

J.

Last Name

Williamson

Suffix

b. Address

6481 Oak Canyon

City (no abbreviations)

Irvine

State

CA

Zip Code

92618

9. The information contained herein, including any attachments made part of this document, is true and correct.

June 10, 2019

Date

Jeffrey A. Lipsitz

Type or Print Name of Person Completing the Form

Vice President

Title

Jeffrey A. Lipsitz
Signature



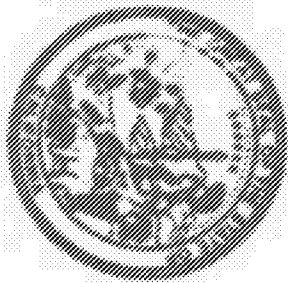
I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of
the complete record in the custody
of the California Secretary of
State's office as of this date.

FEB 20 2020

Date: _____

A handwritten signature in cursive script that reads 'Alex Padilla'.

ALEX PADILLA, Secretary of State



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of
the complete record in the custody
of the California Secretary of
State's office as of this date.

FEB 20 2020

155

Date: _____

A handwritten signature in cursive script, appearing to read "Alex Padilla".

ALEX PADILLA, Secretary of State