

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM602756

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HyClone Laboratories, Inc.		08/27/2019	Corporation:
RECEIVING PARTY DATA			
Name:	HyClone Laboratories, LLC		
Street Address:	925 W. 1800 St.		
City:	Logan		
State/Country:	UTAH		
Postal Code:	84321		
Entity Type:	Limited Liability Company: UTAH		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2685562	SERA-MAG	
CORRESPONDENCE DATA			
Fax Number:	2149783099		
<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:	2149783000		
Email:	dallastrademarks@bakermckenzie.com		
Correspondent Name:	Dyan M. House		
Address Line 1:	1900 N. Pearl St., Suite 1500		
Address Line 4:	Dallas, TEXAS 75201		
ATTORNEY DOCKET NUMBER:	50726345		
NAME OF SUBMITTER:	Dyan M. House		
SIGNATURE:	/Dyan M. House/		
DATE SIGNED:	10/13/2020		
Total Attachments: 2			
source=HyClone Laboratories Inc. to HyClone Laboratories LLC-Conversion (Name Change) and Formation#page1.tif			
source=HyClone Laboratories Inc. to HyClone Laboratories LLC-Conversion (Name Change) and Formation#page2.tif			

CH \$40.00 2685562

This form cannot be hand written.

Date: 08/29/2019

Receipt Number: 7988909

Amount Paid: \$919.00

RECEIVED

AUG 29 2019



State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Articles/Statement of Conversion

Utah Div. of Corp. & Comm. Code

Non-Refundable Processing Fee: \$37.00

1. The Articles/Statement of Conversion shall state:

CONVERSION

Entity Number: 653830-0142

First: The name and entity type of the company immediately prior to the filing of the conversion:

Name: HyClone Laboratories, Inc.

Entity Type (Corp, LLC, LP, Partnership, DBA, etc.): Corp

Second: The date and state where the company was first created and, if it has changed, its jurisdiction immediately prior to its conversion;

June 11, 1975

Utah

Date of formation

State / Jurisdiction

Third: The name and entity type of the company as set forth in its converted entity filing;

Name: HyClone Laboratories, LLC

Entity Type: limited liability company

UT

State / Jurisdiction

Registered Agent address or mailing address for service of process if not specified as a foreign entity in Utah

Fourth: The future effective date of the conversion to the new entity if it is not to be effective upon the filing of the conversion;

DELAYED EFFECTIVE DATE

7:30 am MDT on 09-30-2019 (MM-DD-YYYY)

Fifth: Under penalties of perjury, I declare that the Articles/Statement of Conversion have been duly approved by the owners of the entity.

Name: Brian Douglass

Signature: [Signature]

Title: President

Date: 8-27-2019

2. Additional filing requirements: The non-refundable processing fee of \$37.00 payable to the State of Utah, and application for new entity must accompany this form. No additional fee for the new application.

Under GRAA 163-2-201, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed
and approved as of this delayed effective date:
7th day of Sept, 2019
in this office of this Division and hereby issued
This Certificate thereof.

AUG 29 '19 PM 2:22

Examiner [Signature] Date 9/5/19



[Signature]
Jason Sterzer
Division Director

EXPEDITE

RECEIVED

AUG 29 2019

CONVERSION

DELAYED EFFECTIVE DATE

Utah Div. of Corp. & Comm. Code

Important: Read instructions before completing form

Non-Refundable Processing Fee: \$70.00

1. Name of Limited Liability Company:		HyClone Laboratories, LLC		
2. Principal office address: <small>Street Address Required PO Box can be listed after Street Address</small>		925 W. 1800 St.	Logan	Utah 84321
		<small>Address</small>	<small>City</small>	<small>State</small> <small>Zip</small>
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): CT CORPORATION SYSTEM				
<small>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</small>				
Address of the Registered Agent: 1108 E SOUTH UNION AVE				
<small>Utah Street Address Required, PO Boxes can be listed after the Street Address</small>				
City: Midvale		State: UT		Zip: 84321
4. Signature of Organizer				
Signature: <i>[Handwritten Signature]</i>				
5. Name and Address of Members and/or Managers (optional):	1. Name _____		Position _____	
	Address _____		City _____	State _____ Zip _____
	2. Name _____		Position _____	
	Address _____		City _____	State _____ Zip _____
6. Duration (optional):		<input checked="" type="checkbox"/> The duration of the company shall be perpetual		
		<input type="checkbox"/> The duration of the company shall be _____		
7. Purpose (optional):				
Under CHLAMA [63-3-301], all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.				
Optional inclusion of Ownership Information: This information is not required.				
Is this a female owned business?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Is this a minority owned business?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, please specify: <input type="text" value="Select/Type the race of the owner here"/>

State of Utah
 Department of Commerce
 Division of Corporations and Commercial Code
 I hereby certify that the foregoing has been filed
 and approved as of this delayed effective date:
30th day of August, 2019
 in this office of this Division and hereby issued
 This Certificate thereof.

Examiner *[Signature]* Date 9/5/19

[Signature]
 Jason Starzer
 Division Director

AUG 29 '19 PM 2:22