

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM629543

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Adaptive Hospice, Inc.		12/09/2020	Corporation:
RECEIVING PARTY DATA			
Name:	Adaptive Hospice, LLC		
Street Address:	702 North Shore Drive		
Internal Address:	Suite 103		
City:	Jeffersonville		
State/Country:	INDIANA		
Postal Code:	47130		
Entity Type:	Limited Liability Company: INDIANA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5252412	ADAPTIVE HOSPICE	
CORRESPONDENCE DATA			
Fax Number:	3127267102		
<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:	3127261567		
Email:	chiipdocket@icemiller.com		
Correspondent Name:	Ice Miller LLP - Attn: Alice A. Kelly		
Address Line 1:	200 W. Madison St		
Address Line 2:	Suite 3500		
Address Line 4:	Chicago, ILLINOIS 60606		
NAME OF SUBMITTER:	Alice Kelly		
SIGNATURE:	/Alice Kelly/		
DATE SIGNED:	03/03/2021		
Total Attachments: 4			
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source=Active_90059304_1_Adaptive Hospice Inc. (IN) - Certificate of Conversion#page2.tif			
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OP \$40.00 5252412

State of Indiana
Office of the Secretary of State

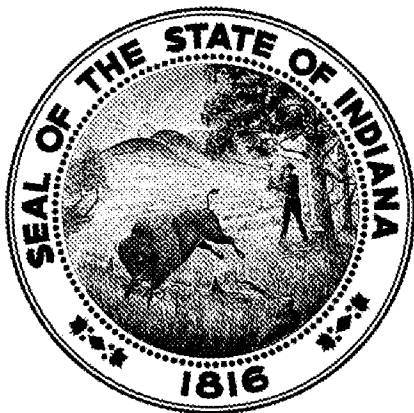
Certificate of Conversion
of
ADAPTIVE HOSPICE, INC.

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Conversion of the above Domestic For-Profit Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

ADAPTIVE HOSPICE, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, December 09, 2020.



In Witness Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, December 09, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201608221155287 / 8808799

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

TRADEMARK

REEL. 007209 FRAME. 0283

ARTICLES OF CONVERSION

Formed pursuant to the provisions of the Indiana Code.

ARTICLE I - NAME AND PRINCIPAL OFFICE ADDRESS

BUSINESS ID 201608221155287
BUSINESS TYPE Domestic Limited Liability Company
BUSINESS NAME ADAPTIVE HOSPICE, LLC
PRINCIPAL OFFICE ADDRESS 702 North Shore Drive, Suite 103, Jeffersonville, IN, 47130, USA

ARTICLE II - REGISTERED OFFICE AND ADDRESS

REGISTERED AGENT TYPE Individual
NAME MICHAEL L. ROOT
ADDRESS 702 NORTH SHORE DRIVE, SUITE 103, JEFFERSONVILLE, IN, 47130, USA

ARTICLE III - PERIOD OF DURATION AND EFFECTIVE DATE

PERIOD OF DURATION Perpetual
EFFECTIVE DATE 12/09/2020
EFFECTIVE TIME 12:59PM

ARTICLE IV - PRINCIPAL(S)

No Principal on record.

MANAGEMENT INFORMATION

THE LLC WILL BE MANAGED BY MANAGER(S): Yes

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
12/09/2020 01:29 PM

SIGNATURE

THE UNDERSIGNED AFFIRMS THAT THE PLAN OF CONVERSION HAS BEEN DULY AUTHORIZED AS REQUIRED BY INDIANA LAW.

IN WITNESS WHEREOF, THE UNDERSIGNED HEREBY VERIFIES, SUBJECT TO THE PENALTIES OF PERJURY, THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, THIS DAY **December 9, 2020**

SIGNATURE

Michael L. Root

TITLE

Authorized Agent

Business ID : 201608221155287

Filing No. : 8808799



ARTICLES OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY
 State Form 49459 (R10 / 6-19)

APPROVED AND FILED
 CONNIE LAWSON
 INDIANA SECRETARY OF STATE
 12/09/2020 01:29 PM

Indiana Code 23-18-2-4
 23-0.5-9-19

FILING FEE: \$100.00

ARTICLES OF ORGANIZATION

The undersigned, desiring to form a Limited Liability Company (*hereinafter referred to as "LLC"*) pursuant to the provisions of the Indiana Business Flexibility Act, executes the following Articles of Organization.

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of LLC (*The name must include the words Limited Liability Company or an abbreviation thereof.*)

ADAPTIVE HOSPICE, LLC

Address of Principal Office (*number and street*)

702 NORTH SHORE DRIVE, SUITE 103

City

JEFFERSONVILLE

State

IN

ZIP code

47130

ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBiz.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent Name of registered agent (*Do not provide address.*)

OR

Noncommercial registered agent Name of registered agent
 MICHAEL L. ROOT

Address (*number and street*) (*A P.O. Box is not acceptable unless accompanied by a Rural Route number.*)

702 NORTH SHORE DRIVE, SUITE 103

City

JEFFERSONVILLE

State

IN

ZIP code

47130

(*OPTIONAL*) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in the Articles of Organization has consented to the appointment of Registered Agent.

ARTICLE III – DISSOLUTION

The LLC is perpetual until dissolution.

OR

The latest date upon which the LLC is to dissolve (*month, day, year*): _____

ARTICLE IV – MANAGEMENT

The LLC will be managed by its manager or managers. Yes No

The LLC will be a single member LLC (*optional*).

In Witness Whereof, the undersigned executes these Articles of Organization and verifies, subject to penalties of perjury, that the statements contained herein are true, this 8 day of December, 2020.

Signature

Printed name
 Michael L. Root

Title
 President

TRADEMARK

REEL: 007209 FRAME 0286