

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM707410

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Select Benefits Group, Inc.		04/29/2020	Corporation: UTAH
RECEIVING PARTY DATA			
Name:	Select Benefits Group, LLC		
Street Address:	5373 South Green Street		
Internal Address:	Suite 400		
City:	Salt Lake City		
State/Country:	UTAH		
Postal Code:	84123		
Entity Type:	Limited Liability Company: UTAH		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3476659	DENTALSELECT	
Registration Number:	2579869	DENTAL SELECT	
Serial Number:	87723317		
CORRESPONDENCE DATA			
Fax Number:	8015327543		
<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:	8013233320		
Email:	lessig@rqn.com		
Correspondent Name:	Lester K. Essig		
Address Line 1:	36 South State Street		
Address Line 2:	Suite 1400		
Address Line 4:	Salt Lake City, UTAH 84111		
NAME OF SUBMITTER:	Lester K. Essig		
SIGNATURE:	/Lester K. Essig/		
DATE SIGNED:	02/09/2022		
Total Attachments: 2			
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OP \$90.00 3476659

STATEMENT OF CONVERSION

OF

SELECT BENEFITS GROUP, INC.
(a Utah corporation)

RECEIVED

INTO

APR 29 2020

SELECT BENEFITS GROUP LLC
(a Utah limited liability company)

Utah Div. of Corp. & Comm. Code

Pursuant to Part 10 of the Utah Revised Business Corporation Act, Select Benefits Group, Inc., a Utah corporation, hereby files this Statement of Conversion in order to convert into a Utah limited liability company.

1. Converting Entity. Select Benefits Group, Inc., a Utah corporation, is the "Converting Entity."
2. Converted Entity. Select Benefits Group, LLC, a Utah limited liability company, is the "Converted Entity."
3. Effective Time. Converting Entity shall be, and hereby is, converted into the Converted Entity (the "Conversion"), effective as of May 1, 2020 at 12:00:01 a.m. (the "Effective Time").
4. Approval. The Conversion, and the Plan of Conversion pursuant to which the Conversion will be effected, has been duly approved in accordance with Sections 16-10a-1008 7 et. seq. of the Utah Revised Business Corporation Act and Sections 48-3a-1041 through 48-3a-1046 of the Utah Revised Uniform Limited Liability Company Act.
5. Certificate of Organization. The Certificate of Organization of the Converted Entity as of the Effective Time is attached hereto as Exhibit A-1.



IN WITNESS WHEREOF, Select Benefits Group, Inc., a Utah corporation, has caused this Statement of Conversion to be executed by its duly authorized representative as of the date first set forth below.

SELECT BENEFITS GROUP, INC., a Utah corporation

By: 
Brent G. Williams, Chief Executive Officer

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certify that the foregoing has been filed
and approved on this 29 day of April 2020
in my office of this Division and hereby issued
this Certificate thereof.

Examiner RDL on 04/01/20

 
Robert L. Williams
Division Director

APR 29 '20 PM 3:07



State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Certificate of Organization (Limited Liability Company)

This form cannot be hand written.

Exhibit A-1

RECEIVED
APR 29 2020

Utah Div. of Corp. & Comm. Code

Important: Read instructions before completing form

Non-Refundable Processing Fee: \$70.00

1. Name of Limited Liability Company:		Select Benefits Group, LLC dba Dental Select		
2. Principal office address: <small>Street Address Required PO Box can be listed after Street Address</small>		75 W Towne Ridge Pkwy Tower 2 Ste 500 Sandy, UT 84070 <small>Address City State Zip</small>		
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): Ben Williams <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: 75 W Towne Ridge Pkwy Tower 2 Ste 500 <small>Utah Street Address Required, PO Boxes can be listed after the Street Address</small> City: Sandy State UT Zip: 84070				
4. Signature of Organizer Signature:				
5. Name and Address of Members and/or Managers (optional):	1.	Ameritas life Insurance Corp	Member	
		Name	Position	
		5900 O Street Lincoln, NE 68510		
		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): engaging in any lawful activity for which a Limited Liability Company may be organized in Utah				
Under GRAMA (63G-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.				
Optional Inclusion of Ownership Information: This information is not required.				
Is this a female owned business? <input type="radio"/> Yes <input type="radio"/> No				
Is this a minority owned business? <input type="radio"/> Yes <input 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 on this 22 day of April, 2020
in the office of this Division and hereby issued
This Certificate thereof.

APR 29 '20 1:43:07

Examiner RDL Date 05/01/20



Jacob Berger
Division Director

03/16