

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM717469

<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>
APTERYX, INC.		04/16/2021	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	APTERYX, LLC		
<b>Street Address:</b>	313 HIGH STREET		
<b>Internal Address:</b>	SUITE 200		
<b>City:</b>	AKRON		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44308		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 10</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5267970	NAMEGRABBER	
<b>Registration Number:</b>	5170578	XV	
<b>Registration Number:</b>	5170577		
<b>Registration Number:</b>	4724389	XVWEB	
<b>Registration Number:</b>	4529353	XVLITE	
<b>Registration Number:</b>	2313922	XRAYVISION	
<b>Registration Number:</b>	2216838	APTERYX	
<b>Serial Number:</b>	88640965	APTERYX IMAGING	
<b>Serial Number:</b>	88640947	APTERYX IMAGING	
<b>Serial Number:</b>	88471357	APTERYX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2123553333		
<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>	2128138800		
<b>Email:</b>	sallirampersad@goodwinlaw.com		
<b>Correspondent Name:</b>	Goodwin Procter LLP		
<b>Address Line 1:</b>	620 Eighth Avenue		
<b>Address Line 4:</b>	New York, NEW YORK 10018		

OP \$265.00 5267970

<b>ATTORNEY DOCKET NUMBER:</b>	141667.307934
<b>NAME OF SUBMITTER:</b>	Shaleena Alli-Rampersad, Paralegal
<b>SIGNATURE:</b>	/Shaleena Alli-Rampersad/
<b>DATE SIGNED:</b>	03/29/2022

**Total Attachments: 20**

source=Apteryx LLC-OH-Cert Copy of Articles of Org\_#page1.tif  
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source=Apteryx LLC-OH-Cert Copy of Articles of Org\_#page3.tif  
source=Apteryx LLC-OH-Cert Copy of Articles of Org\_#page4.tif  
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UNITED STATES OF AMERICA,  
STATE OF OHIO,

OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
25th day of February, A.D. 2022.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202205604398



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/16/2021	202110601868	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY  
SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1014660**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**APTERYX, LLC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: **04/16/2021**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**202110601868**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
16th day of April, A.D. 2021.

**Ohio Secretary of State**



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**  
**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1)  **Converting Within** The Records of the Ohio Secretary of State

(2)  **Converting Off** The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
**(Check Only (1) One Box)**

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

**See instructions for additional filing requirements if**

(1) the conversion creates a new domestic entity,  
 (2) the converted entity is a foreign entity that desires to transact business in Ohio; or  
 (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

Eric Giesecke

Signature

By (if applicable)

Eric Giesecke

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities

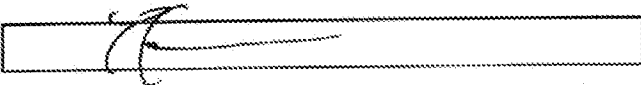
Apteryx, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	04/13/2021	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	04/13/2021
* Only required for domestic for-profit corporations		Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	02/25/2021	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.			

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title Vice President and Secretary

Eric Giesecke  
Name

3990 Westery Place, Suite 200  
Mailing Address

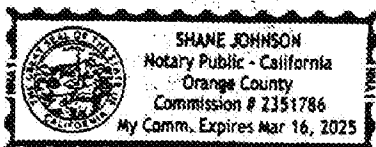
Newport Beach  
City

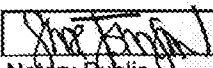
California  
State

92660  
ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/14/2021



  
Notary Public

Date Commission Expires (MM/DD/YYYY) 03/16/2025



**AFFIDAVIT OF PERSONAL PROPERTY**

State of California

County of Orange

Eric Giesecke  
Name of Officer

Vice President and Secretary  
Title of Officer

of Apteryx, Inc.  
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86(H)(1)

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Summit  
County

                      
County

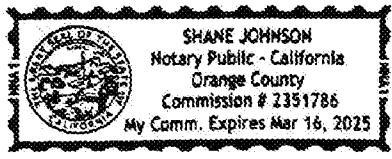
                      
County

Signature [Handwritten Signature]

Title Vice President and Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/14/2021

Seal



[Handwritten Signature]  
Notary Public

Date Commission Expires (MM/DD/YYYY) 03/16/2025



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**

**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1) Articles of Organization for Domestic  
 For-Profit Limited Liability Company  
 (115-LCA)

(2) Articles of Organization for Domestic  
 Nonprofit Limited Liability Company  
 (115-LCA)

Name of Limited Liability Company   
(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)  (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for   
 Period of Existence

Optional: Purpose

**\*\* Note for Nonprofit LLCs**  
 The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Apteryx, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

CT Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, CT Corporation System, named herein as the  
(Name of Statutory Agent)

Statutory agent for Apteryx, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Olga Hinkel, Assistant Secretary  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Eric Giesecke

Signature

By (if applicable)

Eric Giesecke

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

UNITED STATES OF AMERICA,  
STATE OF OHIO,

OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
25th day of February, A.D. 2022.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202205604398



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/16/2021	202110601868	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY  
SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1014660**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**APTERYX, LLC**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

Effective Date: **04/16/2021**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**202110601868**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
16th day of April, A.D. 2021.

**Ohio Secretary of State**



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

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(1)  **Converting Within** The Records of the Ohio Secretary of State

(2)  **Converting Off** The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
**(Check Only (1) One Box)**

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

**See instructions for additional filing requirements if**

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.



By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by an authorized representative.

Eric Giesecke

Signature

By (if applicable)

Eric Giesecke

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities

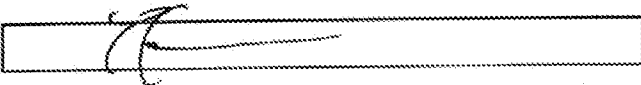
Apteryx, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)	Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	04/13/2021	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	04/13/2021
* Only required for domestic for-profit corporations		Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	02/25/2021	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.			

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title Vice President and Secretary

Eric Giesecke  
Name

3990 Westery Place, Suite 200  
Mailing Address

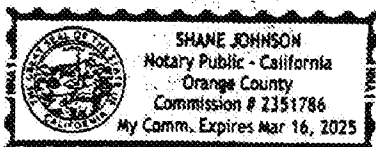
Newport Beach  
City

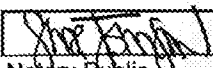
California  
State

92660  
ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 04/14/2021



  
Notary Public

Date Commission Expires (MM/DD/YYYY) 03/16/2025

**AFFIDAVIT OF PERSONAL PROPERTY**

State of

County of

Name of Officer

Title of Officer

of

Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



Notary Public

Date Commission Expires (MM/DD/YYYY)



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

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File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**

**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1) Articles of Organization for Domestic  
 For-Profit Limited Liability Company  
 (115-LCA)

(2) Articles of Organization for Domestic  
 Nonprofit Limited Liability Company  
 (115-LCA)

Name of Limited Liability Company   
(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)  (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for   
 Period of Existence

Optional: Purpose

**\*\* Note for Nonprofit LLCs**  
 The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Apteryx, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

CT Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, CT Corporation System, named herein as the  
(Name of Statutory Agent)

Statutory agent for Apteryx, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Olga Hinkel, Assistant Secretary  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Eric Giesecke

Signature

By (if applicable)

Eric Giesecke

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name