

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2


ETAS ID: TM723002

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	MERGER		
<b>EFFECTIVE DATE:</b>	12/14/2021		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Tissue Analytics, Inc.		12/14/2021	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Net Health Systems, Inc.		
<b>Street Address:</b>	40 24th Street		
<b>Internal Address:</b>	5th Floor		
<b>City:</b>	Pittsburgh		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	15222		
<b>Entity Type:</b>	Corporation: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86530123	TISSUEANALYTICS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4129459533		
<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>	4124718815		
<b>Email:</b>	assignments@webblaw.com		
<b>Correspondent Name:</b>	Cecilia R. Dickson, The Webb Law Firm		
<b>Address Line 1:</b>	420 Fort Duquesne Boulevard, Suite 1200		
<b>Address Line 2:</b>	One Gateway Center		
<b>Address Line 4:</b>	Pittsburgh, PENNSYLVANIA 15222		
<b>ATTORNEY DOCKET NUMBER:</b>	7667-2100399		
<b>NAME OF SUBMITTER:</b>	Cecilia R. Dickson, The Webb Law Firm		
<b>SIGNATURE:</b>	/Cecilia R. Dickson/		
<b>DATE SIGNED:</b>	04/21/2022		
<b>Total Attachments: 6</b>			
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PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <b>CT - COUNTER</b> Name <u>14051373 01</u> Address <u>nicole.grime@wolterskluwer.com</u> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: _____	Statement of Merger DSCB: 15-335 (7/1/2015)  TCO211215JD0582
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Read all instruction:

Fee: \$70 plus \$40 for each association that is a party to the merger  
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Net Health Systems, Inc.
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):
  - Business Corporation
  - Nonprofit Corporation
  - Limited Liability Company
  - Limited Partnership
  - Limited Liability (General) Partnership
  - Limited Liability Limited Partnership
  - Business Trust
  - Professional Association
  - Other \_\_\_\_\_

Pennsylvania -Dept State  
2021-12-15



DSCB:15-335-3

**B. For the merging association(s) that are not surviving the merger:**

1. The name of the merging association is: PointRight Holdings, Inc.

2. The jurisdiction of formation of the merging association: Delaware

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation           | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company       | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Check and complete one of the following addresses.

<input type="checkbox"/>	<p>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input checked="" type="checkbox"/>	<p>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>850 New Burton Road, Suite 201      Dover      DE      19904</p> <p>Number and street City State Zip</p>

Use Statement of Merger – Addendum (DSCB:15-335AD)  
for additional merging parties that are not surviving the merger.

DSCB:15-335-4

**C. Effective date of statement of merger (check, and if appropriate complete, one of the following):**

- This Statement of Merger shall be effective upon filing in the Department of State.  
 This Statement of Merger shall be effective on: 12/31/2021 at 10:00 a.m.  
Date (MM/DD/YYYY) Hour (if any)

**D. Approval of merger by merging associations (check all applicable statement(s)):**

- For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).  
 For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.  
 For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

**E. Attachments (see Instructions for required and optional attachments).**

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 14th day of December, 20 21.

PointRight Holdings, Inc.

Name of Merging Association

  
Signature

Secretary

Title

Net Health Systems, Inc.


Name of Merging Association

  
Signature

Secretary

Title

PENNSYLVANIA DEPARTMENT OF STATE  
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum DSCB:15-335AD (7/1/2015)	 335Ad
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This form is used to identify additional merging parties  
 and must be submitted with the Statement of Merger form (DSCB:15-335).

**B. For the merging association(s) that are not surviving the merger (continued):**

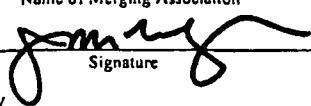
1. The name of the merging association is: Tissue Analytics, Inc.
2. The jurisdiction of formation of the merging association: Delaware
3. The type of association is (check only one):
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses.

<input type="checkbox"/>	If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:
	(a) _____ <small>Number and street City State Zip County</small>
	(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small>
<input type="checkbox"/>	If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:
	_____ <small>Number and street City State Zip County</small>
<input checked="" type="checkbox"/>	If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:
	<u>1209 Orange Street</u> <u>Wilmington</u> <u>DE</u> <u>19801</u> <small>Number and street City State Zip</small>

IN TESTIMONY WHEREOF, the undersigned association has caused this Statement of Merger-Addendum to be signed by an authorized officer thereof this 14th day of December, 2021.

Tissue Analytics, Inc.  
Name of Merging Association  
  
Signature  
Secretary  
Title