# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM723002

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/14/2021

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Tissue Analytics, Inc.		12/14/2021	Corporation: DELAWARE

## **RECEIVING PARTY DATA**

Name:	Net Health Systems, Inc.
Street Address:	40 24th Street
Internal Address:	5th Floor
City:	Pittsburgh
State/Country:	PENNSYLVANIA
Postal Code:	15222
Entity Type:	Corporation: PENNSYLVANIA

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Serial Number:	86530123	TISSUEANALYTICS

### **CORRESPONDENCE DATA**

Fax Number: 4129459533

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.

Phone: 4124718815

Email: assignments@webblaw.com

Cecilia R. Dickson, The Webb Law Firm **Correspondent Name:** 420 Fort Duquesne Boulevard, Suite 1200 Address Line 1:

Address Line 2: One Gateway Center

Address Line 4: Pittsburgh, PENNSYLVANIA 15222

ATTORNEY DOCKET NUMBER:	7667-2100399	
NAME OF SUBMITTER:	Cecilia R. Dickson, The Webb Law Firm	
SIGNATURE:	/Cecilia R. Dickson/	
DATE SIGNED:	04/21/2022	

**Total Attachments: 6** 

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> TRADEMARK **REEL: 007699 FRAME: 0375**

900689707



TRADEMARK REEL: 007699 FRAME: 0376

Entity#: 2448869
Date Filed: 12/15/2021
Effective Date: 12/31/2021
Pennsylvania Department of State

# PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

BUREAU OF CORPORATIONS AND CHARTITIES	
Name 14051373 50 1	Statement of Merger DSCB:15-335 (7/1/2015)
Address nicolo.grimme@wolterskiuwer.com	TO SHARE LOLD HERD OR HELD HERD HAVE HELD HERD EITHER AND HELD FIRST LONG HELD
City State Zip Code	† 1851/10 B. 1845 (1816) The Medic Hood water theory and the single consideration was
Return document by email to:	TCO211215JD0582
Read all instructions	
Fee: \$70 plus \$40 for each association that is a party to the The minimum amount to be submitted with this filing	merger is \$150
In compliance with the requirements of the applicable p merger), the undersigned, desiring to effect a merger, hereby s	provisions of 15 Pa.C.S. § 335 (relating to Statement of tates 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	
3. The type of association of the surviving association is	
■ 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

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4. Th	e surviving association is a (check only c	one box, provide address and	follow instruction	s for attachi	nents):
×	Domestic (Pennsylvania) filing entity already in existence on Department of State records  If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.				
	NEW domestic (Pennsylvania) filing en Attach to this Statement the public organic i		ty limited partners	hip)	
	Foreign filing association or foreign limited liability partnership already registered with the Department.  If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.				
	Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State  Attach to this Statement a completed form DSCB:13-412 (Foreign Registration Statement) with applicable fee and attachments.				
	Its current registered office address. Con	mplete part (a) OR (b) – not	both:		
	(a)				
	Number and street	City	State	Zip	County
	(b) c/o: COGENCY GLOBAL INC.		מ	Dauphin	
	Name of Commercial Registered Office	e Provider			County
	NEW domestic (Pennsylvania) limited I Attach completed DSCB:15-8201 (Statemen			(Election)	
	Domestic association that is not a domesticate to this Statement tax clearance certifications.				
	The address, including street and number	er, if any, of its principal offi	ce:		
	Number and street	City	State	Zip	County
	Foreign association that is not, and will Atlach to this Statement tax clearance certifications		epartment of State		
	The address, including street and numbe maintained by the law of its jurisdiction similar office, its principal office:				
	Number and street	City	State	Zip	<del></del>
		•		•	

### 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):  ☑ Business Corporation ☐ Limited Partnership ☐ Business Trust ☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association ☐ Limited Liability Company ☐ Limited Liability Limited Partnership ☐ Other  4. Check and complete one of the following addresses.					
	foreign association, the current re	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:				
-	Number and street	Cily Sta	nte Zip	County		
	(b) c/o: Name of Commercial Registere	d Office Provider		County		
	If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:					
	Number and street	City Sta	ite Zip	County		
×	any, of its registered or similar of	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:				
	850 New Burton Road, Suite 2			4		
	Number and street	City Su	ate Zip			

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

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### DSCB:15-335-4

This Statemen	statement of merger (check, and if appropriate t of Merger shall be effective upon filing in the t of Merger shall be effective on: 12/31/2021	Department of St		
A This Statemen		M/DD/YYYY)	Hour (if any)	******
For domestic of the formula (relating to me for foreign as For domestic of the formula (relating to the formula (relating	er by merging associations (check all applica entities — The merger was approved in accordance erger). sociations — The merger was approved in accordance associations that are not domestic entities — The intion in the manner required by its organic law	nce with 15 Pa.C.S dance with the law e merger was appro	s of the jurisdiction of	formation.
E. Attachments (see	Instructions for required and optional attachme	ents).		
	EREOF, the undersigned merging associations icers thereof this 14th day of Dece		statement of Merger to	pe signed
	PointRight Holdings, Inc. Name of Merging Association		h Systems, Inc.	
	Signaling	- <del>                                     </del>	Signature	
	Secretary	Secretary		
	Title		Title	

## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Statement of Merger - Addendum DSCB:15-335AD (7/1/2015)



This form is used to identify additional merging narries

		bmitted with the Statement of Merger form (D		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  ☑ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company	only one):  Limited Partnership  Limited Liability (General) Partnership  Limited Liability Limited Partnership	Ē	Business Tru Professional Other	
	4. Check and complete one of the fo	ollowing addresses.			
	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:				
	Number and street	City S	tate	Zip	County
	(b) c/o: Name of Commercial Registere	d Office Provider			County
0	If the merging association is a de	omestic association that is not a domestic including street and number, if any, of its p			limited
	Number and street	City S	tate	Zip	County
Œ	If the merging association is a nonregistered foreign association, the address, including street and numb any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of form or if it is not required to maintain a registered or similar office, its principal office address:				
	1209 Orange Street		DE State	19801 Zip	
IN T		rsigned association has caused this Statemen day of December  Tissue Analytics, Name of	of M	erger-Addender 2021	m to be signed
			Title		

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**RECORDED: 04/21/2022** 

**TRADEMARK** REEL: 007699 FRAME: 0381