

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM746612

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2021
RESUBMIT DOCUMENT ID:	900689717

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
PointRight 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: 10

Property Type	Number	Word Mark
Serial Number:	86247961	POINTRIGHT PRO 30
Serial Number:	86560757	POINTRIGHT FIVE-STAR FASTTRACK
Serial Number:	86571269	POINTRIGHT FIVE-STAR FASTTRACK
Serial Number:	86577035	POINTRIGHT PRO 30 REHOSPITALIZATION
Serial Number:	86610966	PR PRONTO!
Serial Number:	86575881	POINTRIGHT
Serial Number:	86263202	RADAR
Serial Number:	85791755	RIGHT MATCH
Serial Number:	85791733	RIGHTMATCH
Serial Number:	77129120	POINTRIGHT

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

Correspondent Name: Cecilia R. Dickson, The Webb Law Firm
Address Line 1: 420 Fort Duquesne Boulevard, Suite 1200
Address Line 2: One Gateway Center
Address Line 4: Pittsburgh, PENNSYLVANIA 15222

ATTORNEY DOCKET NUMBER: 07667-152027

NAME OF SUBMITTER: Cecilia R. Dickson, The Webb Law Firm

SIGNATURE: /Cecilia R. Dickson/

DATE SIGNED: 08/07/2022

Total Attachments: 7

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

CT Corporation System
Counter Pickup
PA


NET HEALTH SYSTEMS, INC.

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 2448869

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: CT - COUNTER Name <u>14051373 01</u> Address <u>nicole.grume@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

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):				
<input checked="" type="checkbox"/>	Domestic (Pennsylvania) filing entity already in existence on Department of State records <i>If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.</i>			
<input type="checkbox"/>	NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership) <i>Attach to this Statement the public organic record of the new entity.</i>			
<input type="checkbox"/>	Foreign filing association or foreign limited liability partnership already registered with the Department. <i>If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.</i>			
<input type="checkbox"/>	Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State <i>Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.</i>			
Its current registered office address. Complete part (a) OR (b) – not both:				
(a)	_____	_____	_____	_____
	Number and street	City	State	Zip County
(b) c/o:	COGENCY GLOBAL INC.		Dauphin	
	Name of Commercial Registered Office Provider			County
<input type="checkbox"/>	NEW domestic (Pennsylvania) limited liability partnership or electing partnership <i>Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)</i>			
<input type="checkbox"/>	Domestic association that is not a domestic filing association <i>Attach to this Statement tax clearance certificates.</i>			
The address, including street and number, if any, of its principal office:				
	_____	_____	_____	_____
	Number and street	City	State	Zip County
<input type="checkbox"/>	Foreign association that is not, and will not, be registered with the Department of State <i>Attach to this Statement tax clearance certificates.</i>			
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:				
	_____	_____	_____	_____
	Number and street	City	State	Zip

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):

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

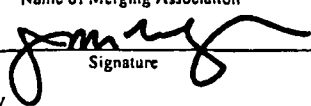
<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<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) _____ Number and street City State Zip County
	(b) c/o: _____ Name of Commercial Registered Office Provider County
<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:
	_____ Number and street City State Zip County
<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:
	1209 Orange Street Wilmington DE 19801 Number and street City State Zip

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