

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM753523

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PBM, Inc.		11/30/2021	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	IMI Critical Engr PBM LLC		
Street Address:	1070 Sandy Hill Road		
City:	Irwin		
State/Country:	PENNSYLVANIA		
Postal Code:	15642		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 13			
Property Type	Number	Word Mark	
Serial Number:	90619523	IMI PBM	
Serial Number:	88757000	IMI PBM	
Serial Number:	88130791	V-TEF	
Serial Number:	88005585	C-TEF	
Serial Number:	87958952	C-TEF	
Serial Number:	78785991	S-TEF	
Serial Number:	77953870	Z-BALL	
Serial Number:	75139117	IGENIX	
Serial Number:	75319164	TRUE-BORE	
Serial Number:	75141922	ADJUST-O-SEAL	
Serial Number:	75139116	FABFLEX	
Serial Number:	74150714		
Serial Number:	73683445	PBM	
CORRESPONDENCE DATA			
Fax Number:	9528421742		
<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:	952-896-1545		
Email:	ipgroup@larkinhoffman.com		

OP \$340.00 90619523

Correspondent Name: Molly T. Eichten
Address Line 1: 8300 Norman Center Drive, Suite 1000
Address Line 2: Larkin Hoffman Daly & Lindgren Ltd.
Address Line 4: Minneapolis, MINNESOTA 55437-1060

NAME OF SUBMITTER: Molly T. Eichten

SIGNATURE: /Molly T. Eichten/

DATE SIGNED: 09/06/2022

Total Attachments: 5

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

Return document by mail to:
CSC ORDER #: 119890-005 DCB
Name _____
Address _____
City _____ State _____ Zip Code _____
 Return document by email to: cscpa@cscglobal.com

Statement of Conversion

DSCB:15-355

(7/1/2015)



TCO211019MC0831

Read all instructions prior to filing

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: PBM, Inc.
2. The jurisdiction of formation of the converting association is: Pennsylvania
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. Date on which the association was created, incorporated, formed or otherwise came into existence:
09/27/1899
(MM/DD/YYYY)
5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:
Pennsylvania Business Corporation Law
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

OCT 19 2021

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting 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:</p>	
<input type="checkbox"/>	<p>If the converting 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:</p>	
<input type="checkbox"/>	<p>If the converting 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:</p>	

B. For the converted association:

1. The name of the converted association is: IMI Critical Engr PBM LLC

2. The jurisdiction of formation of the converted association is: Pennsylvania

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

- | | | |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input 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 checked="" 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 for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: Corporation Service Company _____ Name of Commercial Registered Office Provider Dauphin County</p>
<input type="checkbox"/>	<p>If the converted 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:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) 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>_____ Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ Name of Registered Agent</p> <p>_____ Number and street City State Zip</p>

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

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: 11/30/2021 at 11:59 pm EST.
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

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

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 4th day of October, 20 21.

PBM, Inc.
Name of Converting Association

Nancy Mayer _____
Signature

Secretary _____
Title

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

- The company is a restricted professional company organized to render the following restricted professional service(s):
 - Chiropractic
 - Dentistry
 - Law
 - Medicine and surgery
 - Optometry
 - Osteopathic medicine and surgery
 - Podiatric medicine
 - Public accounting
 - Psychology
 - Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

- This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

- This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization

this 4th day of October, 2021.

 Nancy Mayer Signature

 Signature

 Signature