

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM778610

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
RetinaDx, Inc.		11/18/2022	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	LumiThera Diagnostics, Inc.		
<b>Street Address:</b>	19578 10th Ave NE STE 200		
<b>City:</b>	Poulsbo		
<b>State/Country:</b>	WASHINGTON		
<b>Postal Code:</b>	98370		
<b>Entity Type:</b>	Corporation: DELAWARE		
<b>PROPERTY NUMBERS Total: 17</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4359396	AMD CENTER OF EXCELLENCE	
<b>Registration Number:</b>	4451864	MACULOGIX	
<b>Registration Number:</b>	4451865	ADAPTDX	
<b>Registration Number:</b>	5420249	THE AMD EXPERTS	
<b>Registration Number:</b>	5966850	MACULOGIX	
<b>Registration Number:</b>	5967010	ADAPTDX	
<b>Registration Number:</b>	5998701	AMD ACADEMY	
<b>Registration Number:</b>	5998702	AMD EXCELLENCE PROGRAM	
<b>Registration Number:</b>	6003436	MACULOGIX	
<b>Registration Number:</b>	6004335	AMD CENTER OF EXCELLENCE	
<b>Registration Number:</b>	6143827	AMD ACADEMY	
<b>Registration Number:</b>	6175889	ADAPTDX PRO	
<b>Registration Number:</b>	6284112	COMFORT GUARD	
<b>Registration Number:</b>	6311035	RI	
<b>Registration Number:</b>	6311036	ROD INTERCEPT	
<b>Registration Number:</b>	6342112	MACULOGIX	
<b>Registration Number:</b>	6531321	M	
<b>CORRESPONDENCE DATA</b>			

CH \$440.00 4359396

**Fax Number:** 3129847700

***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:** 3123722000

**Email:** ipdocketmwe@mwe.com, jmikulina@mwe.com,  
mpreston@mwe.com, abrzezinski@mwe.com, nmonaco@mwe.com

**Correspondent Name:** Jennifer M. Mikulina

**Address Line 1:** 444 West Lake Street, Suite 4000

**Address Line 4:** Chicago, ILLINOIS 60606-0029

<b>NAME OF SUBMITTER:</b>	Maxwell C. Preston
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<b>SIGNATURE:</b>	/Maxwell C. Preston/
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<b>DATE SIGNED:</b>	01/05/2023
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<b>Total Attachments: 0</b>
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