

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM781916

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|---|----------------------------------|-----------------------|-----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Treace Medical, Inc. | | 02/18/2022 | Corporation: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | Treace Medical Concepts, Inc. | | |
| Street Address: | 203 Fort Wade Road | | |
| City: | Ponte Vedra | | |
| State/Country: | FLORIDA | | |
| Postal Code: | 32081 | | |
| Entity Type: | Corporation: DELAWARE | | |
| PROPERTY NUMBERS Total: 5 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 97273580 | TRITOME | |
| Serial Number: | 97276934 | SPEEDRELEASE | |
| Serial Number: | 97273558 | 3-N-1 | |
| Serial Number: | 97282199 | S4A | |
| Serial Number: | 97273569 | SA4 | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 6124927077 | | |
| <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: | 612-492-7717 | | |
| Email: | mhill@fredlaw.com | | |
| Correspondent Name: | Michelle Hill | | |
| Address Line 1: | 200 SOUTH 6TH STREET, SUITE 4000 | | |
| Address Line 4: | Minneapolis, MINNESOTA 55402 | | |
| ATTORNEY DOCKET NUMBER: | 71212.18 | | |
| NAME OF SUBMITTER: | Michelle Hill | | |
| SIGNATURE: | /Michelle Hill/ | | |
| DATE SIGNED: | 01/20/2023 | | |
| Total Attachments: 0 | | | |

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