

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM828922

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
PROGRESSIVE MEDICAL, INC.		10/18/2013	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	PROGRESSIVE MEDICAL, LLC		
<b>Street Address:</b>	250 PROGRESSIVE WAY		
<b>City:</b>	WESTERVILLE		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43082		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2603390	FIRST FILL	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Phone:</b>	4048851500		
<b>Email:</b>	tmatlanta@seyfarth.com		
<b>Correspondent Name:</b>	Joseph V. Myers III		
<b>Address Line 1:</b>	1075 Peachtree St. NE, #2500		
<b>Address Line 4:</b>	Atlanta, GEORGIA 30309		
<b>ATTORNEY DOCKET NUMBER:</b>	023845-009061		
<b>NAME OF SUBMITTER:</b>	Stephen D. Lott		
<b>SIGNATURE:</b>	/Stephen D. Lott/		
<b>DATE SIGNED:</b>	08/02/2023		
<b>Total Attachments: 6</b>			
source=2013-10-22 Articles of Organization - PMLLC - Conversion#page1.tif			
source=2013-10-22 Articles of Organization - PMLLC - Conversion#page2.tif			
source=2013-10-22 Articles of Organization - PMLLC - Conversion#page3.tif			
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**\*201329400715\***

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/21/2013	201329400715	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00	.00	25.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

VORYS, SATER, SEYMOUR AND PEASE LLP  
ATTN: RUSSELL R. ROSLER  
52 EAST GAY STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**690786**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**PROGRESSIVE MEDICAL, LLC**

and, that said business records show the filing and recording of:

Document(s)

**CONVERSION WITHIN SOS RECORDS**

Document No(s):

**201329400715**

**Effective Date: 10/22/2013**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



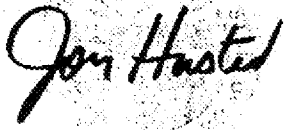
United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 21st day of October, A.D. 2013.

*Jon Husted*

Ohio Secretary of State

**TRADEMARK  
REEL: 008153 FRAME: 0618**



Form 700 Prescribed by:  
**JON HUSTED**  
Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Busserv@OhioSecretaryofState.gov](mailto:Busserv@OhioSecretaryofState.gov)

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1)  Converting **Within** The Records of the Ohio  
Secretary of State

(2)  Converting **Off** The Records of the Ohio  
Secretary of State

(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
(Check Only (1) One Box)

Domestic Corporation (For-Profit or Nonprofit)

Foreign Corporation (For-Profit or Nonprofit)

Domestic Nonprofit Limited Liability Company

Foreign Nonprofit Limited Liability Company

Domestic For-Profit Limited Liability Company

Foreign For-Profit Limited Liability Company

Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists  
and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic Corporation (For-Profit)                       Partnership  
 Foreign Corporation (For-Profit or Nonprofit)                       Domestic Limited Partnership  
 Domestic Nonprofit Limited Liability Company                       Foreign Limited Partnership  
 Foreign Nonprofit Limited Liability Company                       Domestic Limited Liability Partnership  
 Domestic For-Profit Limited Liability Company                       Foreign Limited Liability Partnership  
 Foreign For-Profit Limited Liability Company

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate) *\*To be effective as of 9:30 a.m., EDT on such date.*

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked** [\*\*Not Applicable\*\*]

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

[\*\*NOTE: The initial articles of organization of the converted entity are attached hereto as Annex 1.]

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**

Must be signed by an authorized representative.

Progressive Medical, Inc., an Ohio corporation

Signature

*Julia A. Jensen*

By (if applicable)

Julia A. Jensen, Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Progressive Medical, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	10/15/2008	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	10/15/2008
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	***Not Applicable***	<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

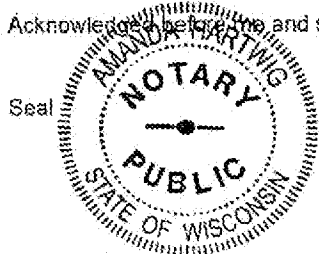
Signature Julia A. Jensen Title Secretary

Name Julia A. Jensen

Mailing Address 250 N. Sunny Slope Road, Suite 110

City Brockfield State WI Zip Code 53005

Acknowledged before me and subscribed in my presence on 10/18/13  
Date



Notary Public Amanda Hartung Commission Expires 12/30/15  
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Wisconsin

County of Waukesha

Julia A. Jensen  
Name of Officer

Secretary  
Title of Officer

of Progressive Medical, Inc.  
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Delaware

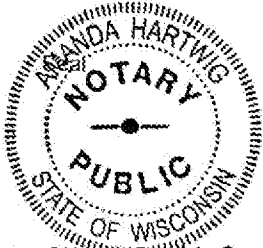
Franklin

Signature: *Julia A. Jensen*

Title: Secretary

Acknowledged before me and subscribed in my presence on

Date 10/18/13



*Amanda Hartwig*  
Notary Public

Expiration date of Notary Public's Commission

Date 12/30/15