

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM846235

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	06/13/2023
RESUBMIT DOCUMENT ID:	900803533

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Pioneer Surgical Technology, Inc.		06/13/2023	Corporation: MICHIGAN

RECEIVING PARTY DATA

Name:	Pioneer Surgical Technology NewCo Inc.
Street Address:	7 Switchbud Pl.
Internal Address:	Ste. 192-180
City:	The Woodlands
State/Country:	TEXAS
Postal Code:	77380
Entity Type:	Corporation: TEXAS

PROPERTY NUMBERS Total: 21

Property Type	Number	Word Mark
Registration Number:	4092236	ASPECT
Registration Number:	3948367	BACFUSE
Registration Number:	3719794	BACJAC
Registration Number:	4084793	BIGFOOT
Registration Number:	3385924	CLARITY
Registration Number:	3609239	CONTACT
Registration Number:	3544634	CROSS-FUSE
Registration Number:	5022703	LAT-FUSE
Registration Number:	4029092	NANOSS
Registration Number:	3604091	NUNEC
Registration Number:	2968718	QUANTUM
Registration Number:	3196254	QUANTUM
Registration Number:	4851486	RELEASE
Registration Number:	3581301	SLIMFUSE
Registration Number:	3815599	STREAMLINE
Registration Number:	3230511	X-LINK

TRADEMARK

Property Type	Number	Word Mark
Registration Number:	5287572	TETRAFUSE
Registration Number:	5853016	CERVALIGN
Serial Number:	88844720	DUALITY
Registration Number:	7164553	TIPLUS
Registration Number:	4539870	MAXFUSE

CORRESPONDENCE DATA

Fax Number: 3038630223

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: 3038639700

Email: phirschman@sheridanross.com

Correspondent Name: Pamela N. Hirschman

Address Line 1: 1560 Broadway, Suite 1200

Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER:	10576TM-59
NAME OF SUBMITTER:	Julia G. Schroeder
SIGNATURE:	/Julia G. Schroeder/
DATE SIGNED:	10/16/2023

Total Attachments: 5

source=6.13.23 Cert of Merger PST to PST NewCo.aspx#page1.tif
source=6.13.23 Cert of Merger PST to PST NewCo.aspx#page2.tif
source=6.13.23 Cert of Merger PST to PST NewCo.aspx#page3.tif
source=6.13.23 Cert of Merger PST to PST NewCo.aspx#page4.tif
source=6.13.23 Cert of Merger PST to PST NewCo.aspx#page5.tif

Form 622
(Revised 12/15)
Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: see instructions



This space reserved for office use.
In the Office of the
Secretary of State of Texas
JUN 13 2023
Corporations Section

**Certificate of Merger
Combination Merger
Business Organizations Code**

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1

Pioneer Surgical Technology, Inc.
Name of Organization
The organization is a for-profit corporation It is organized under the laws of
Specify organizational form (e.g., for-profit corporation)
MI USA The file number, if any, is 0800630722
State Country Texas Secretary of State file number
Its principal place of business is 520 Lake Cook Road, Suite 315 Deerfield IL
Address City State
 The organization will survive the merger. The organization will not survive the merger.
 The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 2

Pioneer Surgical Technology NewCo Inc.
Name of Organization
The organization is a for-profit corporation It is organized under the laws of
Specify organizational form (e.g., for-profit corporation)
TX USA The file number, if any, is 0805095456
State Country Texas Secretary of State file number
Its principal place of business is 7 Switchbud Pl., Ste.192-180 The Woodlands TX
Address City State
 The organization will survive the merger. The organization will not survive the merger.
 The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 3

Name of Organization
The organization is a _____ It is organized under the laws of _____
Specify organizational form (e.g., for-profit corporation)

The file number, if any, is _____

State _____ Country _____

Texas Secretary of State file number _____

Its principal place of business is _____

Address _____

City _____

State _____

- The organization will survive the merger. The organization will not survive the merger.
- The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Plan of Merger

- The plan of merger is attached.

If the plan of merger is not attached, the following statements must be completed.

Alternative Statements

Instead of providing the plan of merger, each domestic filing entity certifies that:

1. A plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger.
2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or obligor of the parties to the merger at the time of the merger if a liability or obligation is then outstanding.

Item 3A is the default selection. If the merger effected an amendment to, a restatement of, or an amendment and restatement of the certificate of formation of a surviving filing entity, you must select and complete one of the options shown below. Options 3B and 3C require the submission of the described attachment.

3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger.

3B. No amendments to the certificate of formation of any filing entity are being effected by the merger or by the restated certificate of formation of the surviving filing entity named in the attached restated certificate of formation.

3C. The plan of merger effected an amendment and restatement of the certificate of formation of a surviving filing entity. The amendments being made and the name of the surviving entity restating its certificate of formation are set forth in the attached restated certificate of formation containing amendments.

3D. The plan of merger effected amendments or changes to the following surviving filing entity's certificate of formation.

Name of filing entity effecting amendments

The changes or amendments to the filing entity's certificate of formation, other than the name change noted previously, are stated below.

Amendment Text Area

4. Organizations Created by Merger

The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.

Name of New Organization 1 *Jurisdiction* *Entity Type (See instructions)*

Principal Place of Business Address *City* *State* *Zip Code*

Name of New Organization 2 *Jurisdiction* *Entity Type (See instructions)*

Principal Place of Business Address *City* *State* *Zip Code*

Name of New Organization 3 *Jurisdiction* *Entity Type (See instructions)*

Principal Place of Business Address *City* *State* *Zip*

Approval of the Plan of Merger

The plan of merger has been approved as required by the laws of the jurisdiction of formation of each organization that is a party to the merger and by the governing documents of those organizations.

The approval of the owners or members of _____
Name of domestic entity
was not required by the provisions of the BOC.

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is accepted and filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Text Area

[Empty rectangular box for text entry]

Tax Certificate

- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.
- Instead of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

Date: June 13, 2023

Pioneer Surgical Technology, Inc.
Merging Entity Name

TJR
Signature of authorized person (see instructions)

Terry Rich, President & Chief Executive Officer
Printed or typed name of authorized person

Pioneer Surgical Technology NewCo Inc.
Merging Entity Name

Signature of authorized person (see instructions)

Paolo Amoruso
Printed or typed name of authorized person

Merging Entity Name

Signature of authorized person (see instructions)

Printed or typed name of authorized person

Tax Area

[Empty rectangular box for tax area information]

Tax Certificate

- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.
- Instead of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.

Execution

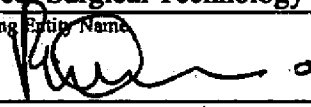
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

Date: June 13, 2023

Pioneer Surgical Technology, Inc.
Merging Entity Name

Signature of authorized person (see instructions)
Terry Rich, President & Chief Executive Officer
Printed or typed name of authorized person

Pioneer Surgical Technology NewCo Inc.
Merging Entity Name



Signature of authorized person (see instructions)
Paolo Amoruso
Printed or typed name of authorized person

Merging Entity Name

Signature of authorized person (see instructions)

Printed or typed name of authorized person