10-09-2007



| Form PTO-1594 (| (Rev. 07/05) | | 10- | 09-2001 | U.S. DE | PARTMENT OF C | OMMERCE | |
|----------------------|--------------------------------|--|---------------------------|---|--|--|-----------|--|
| OMB Collection | 0651-0027 (exp. | 6/30/21 | | | | Patent and Trade | | |
| 2 | 30/07 | 1 | 1 1 majar 11 ats palan 1 | 1616 M-1905 MIRET 1300 (F) 1926 (1) 184 M-6 | | | | |
| 1 | | | | 3451235 | | | | |
| | | | rademark Office: I | Please record the at | tached documents or ti | ne new address(es | s) below. | |
| | onveying party | r(ies): | | ı | d address of receivi | | ☐ Yes | |
| SDC Investmen | its, LLC | | | Additional nam | es, addresses, or citize | nship attached? | ☑ No | |
| | | | | | iMed, LLC | | | |
| Individual | l(s) | ☐ Ass | ociation | Internal | | | | |
| | Partnership | Limi | ted Partnership | | Address:Street Address: 331 Corporate Circle, Suite E | | | |
| Corporation | on- State: | | <u> </u> | 1 | | | | |
| | | | | | City: Golden | | | |
| Citizenship (se | e guidelines) <u>C</u> | olorado | | | rado | | | |
| Additional name: | s of conveying pa | arties attac | thed? Yes | | Country: U.S.A. Zip: 80401 Association Citizenship | | | |
| 3. Nature of o | onveyance)/E | 'vanutin- | Date(e) | | General Partnership Citizenship | | | |
| | e(s <u>) October 11.</u> | | i Para(2) : | | Limited Partnership Citizenship | | | |
| | | | | ! | Corporation Citizenship | | | |
| Assignme | | ☐ Me | _ | ✓ Other lin | ✓ Other limited liability ∞ Citizenship Colorado If assignee is not domicited in the United States, a domestic representative designation is attached: | | | |
| | \greement | ∠ Ch | ange of Name | If assignee is | | | | |
| Other | | | | (Designation | n or description of | locument from ass | ignment) | |
| C Identicanta | D ' - t' | ·************************************* | | 1,476,731 and | dditional shoot(e) attac | hed? Yes | ✓ No | |
| C. Identification | n or Description | of Frade | emark(s) (and Fil | ing Date if Applica | ation or Registration | Number is unkn | own): | |
| 5. Name & add | dress of party ocument shou | to whom | corresponden | ce 6. Total num | ber of applications | and | | |
| | A. Melchi | | ilea: | registratio | registrations involved; 2 | | | |
| | S: OLSON & HIE | | | 7. Total fee | 37 CFR 2.6(b)(6) & | 3.41) \$ 65.00 | | |
| | | | | · · · · · · · · · · · · · · · · · · · | prized to be charged | | | |
| Street Address: | 20 North Wacke | r Drive, 36 | Sth Eloor | Autho | orized to be charged | to deposit accou | ınt | |
| | | | | Enclo | sed Check No. | 31104 | | |
| City: Chicago | | | | 8. Payment I | nformation: | | | |
| State: Illinois | | Zip: <u>6</u> | 0606 | - · (| a. Credit Card Last 4 Numbers | | | |
| Phone Number | (312) 580-1180 | | | _ | Expiration D | ate | | |
| ax Number: <u>(3</u> | 12) 580-1189 | | | | b. Deposit Account Number | | | |
| mail Address: | damelchi@olson | hieri.com | | Authori | ized User Name | | | |
| 9. Signature: | Deh | such | a. Meli | hi | A. | larch 30, 2007 | | |
| | • | | Signature | | | Date | | |
| | Na | Deborah me of Pe | A. Melchi rson Signing | | Total number of pa | ges including cover is, and document: | 6 | |
| /03/2007 | 00000169 | 0 | 8521 | \$40.00 | 04/03/2007 | CK | | |
| 1/03/2007 | 00000170 | 0 | 8522 | \$25.00 | 04/03/2007 | CK | | |

| Form 405 Revised July 1, 2002 | CONTRACTOR AND |
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| 1560 Brosdway, Suite 200 | |
| Daiver, CO 80202-5169 | |
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| er outstat och Ochies at producents such po oprimen at AAAA. | ioss <u>tale.co.us</u> - monumes - ' |
| | tatutes (C.R.S.), the individual named below |
| causes | • |
| cliver to: Colorado Secretary of State cliver | |
| The name of the limited liability company is | SDC Investments, LLC |
| The Articles of Organization shall be amend | led as set forth herein (mark all that apply): |
| ☑ There is a change in the name of the lim BestMed, LLC | ited liability company to: |
| Hability company", "Lielled Hability co.", or "he | ect contain the term "Timited liability company", "Ud. l. Bebility co." or the obbreviation "LLC" or "L.L.C." §7-90- |
| There is a false or erroneous statement in | n the articles of organization: |
| | |
| maividuals who cause this document to be a of State may deliver notice if filing of this d | lelivered for filing, and to whom the Secretary occurrent is refused. are: |
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| OPTIONAL. The electronic mail and/or inte | met address for this entity is/are: Web site |
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| The C | olorado Secretary | of State n | nav conta | ct the following | authorized person regai | ding |
| this do | cument: name_I | offiov H. I | Catz | | . address | |
| | 7400 R. Caley A | | | od. Co. 80111 | | |
| | | | | | · . | |
| voice | 303-773-9082 | | fax | 303-694-9370 | e-mail | |
| | iblez@yahoo.com | 11 | | | ····· | |
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