

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<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>
Healthcare Logistics Solutions, LLC		08/01/2008	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HLS Advantage, LLC		
<b>Also Known As:</b>	AKA HLS Medfreight		
<b>Street Address:</b>	4079 Executive Parkway, Suite 300		
<b>City:</b>	Westerville		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43081		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	77300741	SHIPPRO	
<b>Serial Number:</b>	77300755	SHIPPRO	
<b>Registration Number:</b>	3243666	HLS MEDFREIGHT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(614)221-0216		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	6142286135		
<b>Email:</b>	trademark@cpmlaw.com		
<b>Correspondent Name:</b>	Michael A. Smith		
<b>Address Line 1:</b>	366 East Broad Street		
<b>Address Line 4:</b>	Columbus, OHIO 43215		
<b>ATTORNEY DOCKET NUMBER:</b>	025101.002		
<b>NAME OF SUBMITTER:</b>	Michael A. Smith		

OP \$90.00 77300741

Signature:	/MichaelASmith/
Date:	10/19/2008
<b>Total Attachments: 17</b> source=Shippro PTO assignment HLS name chg#page1.tif source=Shippro PTO assignment HLS name chg#page2.tif source=Shippro PTO assignment HLS name chg#page3.tif source=Shippro PTO assignment HLS name chg#page4.tif source=Shippro PTO assignment HLS name chg#page5.tif source=Shippro PTO assignment HLS name chg#page6.tif source=Shippro PTO assignment HLS name chg#page7.tif source=Shippro PTO assignment HLS name chg#page8.tif source=Shippro PTO assignment HLS name chg#page9.tif source=Shippro PTO assignment HLS name chg#page10.tif source=Shippro PTO assignment HLS name chg#page11.tif source=Shippro PTO assignment HLS name chg#page12.tif source=Shippro PTO assignment HLS name chg#page13.tif source=Shippro PTO assignment HLS name chg#page14.tif source=Shippro PTO assignment HLS name chg#page15.tif source=Shippro PTO assignment HLS name chg#page16.tif source=Shippro PTO assignment HLS name chg#page17.tif	

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**BUSINESS FILINGS**  
PROMOTING BUSINESS GROWTH

**Charter/Registration Number**

Total Row Count in Report - 1

Business Name	Charter / Registration Number	Type	Original Filing Date	Status	Expiration Date	Location County State	Agent Contact
HLS ADVANTAGE, LLC	1324121	Domestic Limited Liability Company	Jun 13 2002	Active			<a href="#">Click f</a>

help

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**BUSINESS FILINGS**  
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**Prior Business Name Information**

Prior Name	Change Date	Current Name
HEALTHCARE LOGISTICS SOLUTIONS, LLC	Aug 01 2008	HLS ADVANTAGE, LLC

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**BUSINESS FILINGS**  
 PROMOTING BUSINESS GROWTH



### Business Filing Information

Business Name	Filing Type	Filing Date	Doc Id <i>Click for Image !</i>	Additi
HLS ADVANTAGE, LLC	Articles Of Organization/Dom Limited Liability Co	Jun 13 2002	<a href="#">200216500186</a>	
	Trade Name/Original Filing	Aug 21 2006	<a href="#">200623402044</a>	
	Amend/Articles-Organization/Dom Limited Liab. Co	Aug 01 2008	<a href="#">200822001560</a>	Chang

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/14/2002	200216500186	ARTICLES OF ORGANIZATION/DOM LLC (LCA)	126 00	00	00	00	00

**Receipt**

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

CARLILE PATCHEN & MURPHY LLP  
PAM E GEISER  
366 E BROAD ST  
COLUMBUS, OH 43215

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

1324121

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**HEALTHCARE LOGISTICS SOLUTIONS, LLC**  
and, that said business records show the filing and recording of:

Document(s)  
**ARTICLES OF ORGANIZATION/DOM. LLC**

Document No(s):  
**200216500186**



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 13th day of June, A.D.  
2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Filing Reference Guide (using the 3 digit form # located at the bottom of this form). To obtain the Filing Reference Guide or for assistance, please call Customer Service:  
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite is an additional fee  
of \$1 00.00  
 Expedite

### ARTICLES OF ORGANIZATION

(Under Section 1705.04 of the Ohio Revised Code)  
Limited Liability Company

The undersigned, desiring to form a limited liability Company, under Chapter 1705 of the Ohio Revised Code, do hereby state the following:

**FIRST:** The name of said limited liability company shall be:  
HEALTHCARE LOGISTICS SOLUTIONS, LLC  
(the name must include the words "limited liability company", "limited", "Ltd", "Ltd.", "LLC", or "L.L.C.")

**SECOND:** (OPTIONAL) This limited liability company shall exist for \_\_\_\_\_  
\_\_\_\_\_

**THIRD:** The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):  
\_\_\_\_\_  
( street address or post office box )  
\_\_\_\_\_  
( city, village, or township ) ( state ) ( zip code )

Please check this box if additional provisions are attached

Provisions attached hereto are incorporated herein and made a part of these articles of organization.

RECEIVED  
SECRETARY OF STATE  
2002 JUN 13 PM 4:15  
CLIENT SERVICE CENTER

**J. Kenneth Blackwell**  
Secretary of State

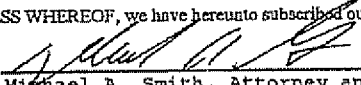
FOURTH: Purpose (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN WITNESS WHEREOF, we have hereunto subscribed our names on

06/13/02

(date)

Signed   
Name: Michael A. Smith, Attorney and  
Authorized Representative

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

Signed \_\_\_\_\_  
Name: \_\_\_\_\_

( If insufficient space for all signatures, please attach a separate sheet containing additional signatures )





### J. Kenneth Blackwell

Prescribed by:  
J. Kenneth Blackwell  
Secretary of State  
30 East Broad St LL  
Columbus, Ohio 43266-0418

## ORIGINAL APPOINTMENT OF AGENT

(for limited liability company)

The undersigned, being at least a majority of the members of HEALTHCARE LOGISTICS SOLUTIONS, LLC,  
(name of limited liability company)  
hereby appoint CEM STATUTORY AGENT CORP. to be the agent upon whom any process, notice or  
(name of agent)  
demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

366 East Broad Street  
(street address P.O. Boxes are not acceptable)  
Columbus, Ohio 43215  
(city, village, township) (zip)

By: [Signature]  
(authorized member, manager, or representative)  
Name: Michael A. Smith, Attorney and  
Authorized Representative  
By: \_\_\_\_\_  
(authorized member, manager, or representative)  
Name: \_\_\_\_\_  
By: \_\_\_\_\_  
(authorized member, manager, or representative)  
Name: \_\_\_\_\_

By: \_\_\_\_\_  
(authorized member, manager, or representative)  
Name: \_\_\_\_\_  
By: \_\_\_\_\_  
(authorized member, manager, or representative)  
Name: \_\_\_\_\_  
By: \_\_\_\_\_  
(authorized member, manager, or representative)  
Name: \_\_\_\_\_

### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for HEALTHCARE LOGISTICS SOLUTIONS, LLC  
(name of limited liability company)  
hereby acknowledges and accepts the appointment of agent for said limited liability Company.  
CEM Statutory Agent Corp.  
[Signature]  
(Agent's signature)  
Pam E. Geiser, Secretary



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/08/2008	200822001560	AMEND/ARTICLES- ORGANIZATION/DOM LLC (LAM)	50.00	00	00	00	00

**Receipt**

This is not a bill Please do not remit payment

CARLILE, PATCHEN & MURPHY LLP  
 MICHELLE CARRION  
 366 E. BROAD ST.  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1324121

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

**HLS ADVANTAGE, LLC**

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

Document(s)  
**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):  
**200822001560**



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 1st day of August, A D  
 2008

Ohio Secretary of State



Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 468-3810
Toll Free: 1-877-SOS-FILE (1-877-787-3453)

Expedite this Form: (Select One)
Expedito PO Box 1328 Columbus, OH 43216
Non Expedito PO Box 1328 Columbus, OH 43216

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Domestic Limited Liability Company Certificate of Amendment or Restatement
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

Form with two columns: (1) Domestic Limited Liability Company and (2) Domestic Limited Liability Company. Includes checkboxes for Amendment (129-LAM) and Restatement (142-LRA), and fields for Date of Formation, Name of limited liability company, and Registration number.

Main body of the certificate containing: The name of said limited liability company shall be: HLS ADVANTAGE, LLC; This limited liability company shall exist for a period of: Period of Existence; Purpose; and a checkbox for additional provisions.

RECEIVED
SECRETARY OF STATE
2008 AUG -1 PM 2:36
CLIENT SERVICE CENTER

**REQUIRED**  
Must be (signed) by a  
member, manager or  
other representative.

*Rick Bayer*  
\_\_\_\_\_  
Signature

7/24/2008  
\_\_\_\_\_  
Date

Rick Bayer, CEO  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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Signature

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Date

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**BUSINESS FILINGS**

PROMOTING BUSINESS GROWTH

**Charter/Registration Number**

Total Row Count in Report - 1

Business Name	Charter / Registration Number	Type	Original Filing Date	Status	Expiration Date	Location County State	Agent Contact Info	Bl Ir V/
HLS MEDFREIGHT	1643132	Registered Trade Name	Aug 21 2006	Active	Aug 21 2011		<a href="#">Click for Details</a>	Cl

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**BUSINESS FILINGS**

PROMOTING BUSINESS GROWTH

**Business Filing Information**

Business Name	Filing Type	Filing Date	Doc Id <i>Click for Image !</i>	Additional Filing Type I
HLS MEDFREIGHT	Trade Name/Original Filing	Aug 21 2006	<b>200623402044</b>	
	Miscellaneous Filing	Aug 01 2008	<b>200822001562</b>	Trade Name/Owners Na

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/22/2006	200623402044	TRADE NAME/ORIGINAL FILING (RNO)	50.00	00	00	00	00

**Receipt**

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LAW OFFICES OF JOHN L. ALDEN  
 JOHN ALDEN, ESQ.  
 ONE EAST LIVINGSTON AVE.  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**  
 Ohio Secretary of State, J. Kenneth Blackwell

1643132

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

**HLS MEDFREIGHT**

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

Document(s)

**TRADE NAME/ORIGINAL FILING**

Date of First Use: 10/01/2004  
 Expiration Date: 08/21/2011

Document No(s):

**200623402044**

HEALTHCARE LOGISTICS SOLUTIONS.  
 LLC  
 4079 EXECUTIVE PARKWAY  
 STE. 300  
 WESTERVILLE, OH 43081



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 August, A D.  
 2006

*J. Kenneth Blackwell*  
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the Following:

Yes PO Box 1390  
Columbus, OH 43216  
\*\*\* Requires an additional fee of \$100 \*\*\*

No PO Box 670  
Columbus, OH 43216

**NAME REGISTRATION**  
(For Domestic/Foreign Profit or Non-Profit)  
Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Trade Name (167-RNO) Date of first use <u>10/1/2004</u> MM/DD/YYYY</p>	<p>(2) <input type="checkbox"/> Fictitious Name (169-NFO)</p>	<p>(3) Name Reservation (160-NRD) <input type="checkbox"/> Original <input type="checkbox"/> Renewal Registration No</p>
---	---	--

Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is HLS MedFreight

The Registrant is (Check Appropriate Box)

<input type="checkbox"/> Individual	<input type="checkbox"/> Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____
<input type="checkbox"/> Limited Partnership; Reg. No. _____	<input type="checkbox"/> Unincorporated Association
<input checked="" type="checkbox"/> Ohio Limited Liability Co. Reg. No. <u>1324121</u>	<input type="checkbox"/> Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____
<input type="checkbox"/> Ohio Corporation, Charter No. _____	
<input type="checkbox"/> General Partnership	
<input type="checkbox"/> Other _____	

The name of the registrant designated above is Healthcare Logistics Solutions, LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

4079 Executive Parkway Suite 300  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

Westerville Franklin OH 43081  
(City) (County) (State) (Zip Code)



Complete the information in this section if box (1) or (2) is checked Cont.

Complete only if registrant is a general partnership  
NAME OF ALL GENERAL PARTNERS

COMPLETE RESIDENTIAL ADDRESSES (including zip code)

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign (out-of-state) corporation. It must be licensed to transact business in Ohio, if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)

transportation freight brokerage

Complete the information in this section if box (3) is checked.

- Please reserve the name listed below (only one name per form)
- Please reserve the first name available in the order of my preference

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

**REQUIRED**  
Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

*Rich Boyer*  
Authorized Representative

8/3/06  
Date

Authorized Representative

Date



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/08/2008	200822001562	MISCELLANEOUS FILING (MIS)	25.00	00	00	00	00

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CARLILE, PATCHEN & MURPHY LLP  
 MICHELLE CARRION  
 388 E. BROAD ST.  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

1643132

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

**HLS MEDFREIGHT**

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

Document(s)

**MISCELLANEOUS FILING**

Document No(s):

**200822001562**



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 1st day of August, A D  
 2008

Ohio Secretary of State

