

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion of Business Entity		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Ore-Medix LLC		11/21/2011	LIMITED LIABILITY COMPANY: OREGON
RECEIVING PARTY DATA			
Name:	Ore-Medix LLC		
Street Address:	200 N. Hansard Avenue		
City:	Lebanon		
State/Country:	OREGON		
Postal Code:	97355		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3521210	TRAUMASTAT	
CORRESPONDENCE DATA			
Fax Number:	(503)220-2480		
Phone:	(503) 294-9460		
Email:	TM-PDX@STOEL.COM, pphartigan@stoel.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Jere M. Webb/Stoel Rives LLP		
Address Line 1:	900 SW Fifth Avenue		
Address Line 2:	Suite 2600		
Address Line 4:	Portland, OREGON 97204		
ATTORNEY DOCKET NUMBER:	27326-32		
NAME OF SUBMITTER:	Patrick P. Hartigan, SR Paralegal		
Signature:	/Patrick P. Hartigan/		

OP \$40.00 3521210

Date:

12/30/2011

Total Attachments: 9

source=Certificate of Conversion#page1.tif

source=Certificate of Conversion#page2.tif

source=Certificate of Conversion#page3.tif

source=Certificate of Conversion#page4.tif

source=Certificate of Conversion#page5.tif

source=Certificate of Conversion#page6.tif

source=Certificate of Conversion#page7.tif

source=Certificate of Conversion#page8.tif

source=Certificate of Conversion#page9.tif

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF AN OREGON LIMITED LIABILITY COMPANY UNDER THE NAME OF "ORE-MEDIX LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2011, AT 2:20 O'CLOCK P.M.

5068843 8100V

111217135

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9171332

DATE: 11-21-11

TRADEMARK
REEL: 004689 FRAME: 0646

CERTIFICATE OF CONVERSION

**Ore-Medix LLC, an Oregon limited liability company
into
Ore-Medix LLC, a Delaware limited liability company**

1. The name of the business entity prior to conversion is Ore-Medix LLC.
2. Prior to conversion the business entity is an Oregon limited liability company.
3. The business entity was formed in Oregon on June 8, 2007.
4. The name of the business entity after conversion is Ore-Medix LLC.
5. After conversion the business entity is a Delaware limited liability company.

Date: November 21, 2011



Larry Korn, Manager

Delaware

PAGE 1

The First State

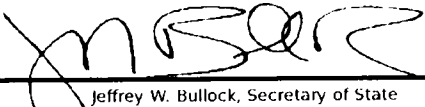
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORE-MEDIX LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2011.



5068843 8300

111217135

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9171333

DATE: 11-21-11

TRADEMARK
REEL: 004689 FRAME: 0648

Delaware

PAGE 2

The First State

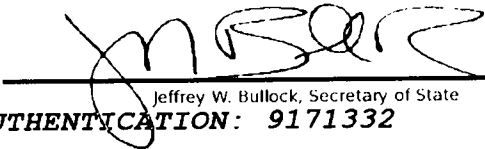
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "ORE-MEDIX LLC" FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2011, AT 2:20 O'CLOCK P.M.

5068843 8100V

111217135

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9171332

DATE: 11-21-11

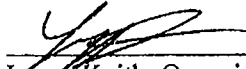
TRADEMARK
REEL: 004689 FRAME: 0649

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:25 PM 11/21/2011
FILED 02:20 PM 11/21/2011
SRV 111217135 - 5068843 FILE

**CERTIFICATE OF FORMATION
OF
ORE-MEDIX LLC
a Delaware limited liability company**

1. The name of the limited liability company is Ore-Medix LLC.
2. The address of the limited liability company's registered office in the State of Delaware, County of Kent, is 160 Greentree Drive, Suite 101, Dover, Delaware 19904 and the name of its registered agent at that address is National Registered Agents, Inc.

The undersigned organizer executed this Certificate of Formation as of November 21, 2011.



Larry Keith, Organizer



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
www.filinginoregon.com

Registry Number: 441970-93
Type: FOREIGN LIMITED LIABILITY COMPANY

Next Renewal Date: 06/08/2012

LARRY KEITH
200 N HANSARD AVENUE
LEBANON OR 97355

Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

Document
ARTICLES OF CONVERSION

Filed On
11/22/2011

Jurisdiction
DELAWARE

Name
ORE-MEDIX LLC

Principal Place of Business
3080 25TH ST SE
SALEM OR 97302

Registered Agent
LARRY KEITH
200 N HANSARD AVENUE
LEBANON OR 97355

Mailing Address
LARRY KEITH
200 N HANSARD AVENUE
LEBANON OR 97355

THEJOH.
ACK
11/22/2011

TRADEMARK
REEL: 004689 FRAME: 0651

ARTICLES OF CONVERSION


**Ore-Medix LLC, an Oregon limited liability company
into
Ore-Medix LLC, a Delaware limited liability company**

FILED
NOV 22 2011
OREGON
SECRETARY OF STATE

Registry Number: 441970-93

1. The name of the business entity prior to conversion is Ore-Medix LLC.
2. Prior to conversion the business entity is an Oregon limited liability company.
3. The name of the business entity after conversion is Ore-Medix LLC.
4. After conversion the business entity is a Delaware limited liability company.
5. The Plan of Conversion is attached as Exhibit A.

Date: November 21, 2011



Larry Keith, Manager

Person to contact about this filing:
Sherry L. Stratton, (503) 294-9254

PLAN OF CONVERSION

**Ore-Medix LLC, an Oregon limited liability company
into
Ore-Medix LLC, a Delaware limited liability company**

1. The name and type of business entity prior to the conversion (the "**Conversion**") are Ore-Medix LLC, an Oregon limited liability company (the "**Company**").
2. The name and type of business entity after the Conversion are Ore-Medix LLC, a Delaware limited liability company (the "**Delaware LLC**").
3. The Company will be converted into the Delaware LLC in the Conversion by delivering for filing the Articles of Conversion, together with this Plan of Conversion, to the Oregon Secretary of State and the Certificate of Conversion and Certificate of Formation to the Delaware Secretary of State. The Conversion will occur in accordance with the applicable provisions of the Oregon Limited Liability Company Act and the Delaware Limited Liability Company Act.
4. At the effective time of the Conversion, by virtue of the Conversion and without any action on the part of the Company, the Delaware LLC, or any member or manager of the Company, the membership interests of the Company will be converted on a one-for-one basis into membership interests of the Delaware LLC as set forth in a Limited Liability Company Agreement of the Delaware LLC entered into by the sole member in connection with the Conversion ("**Limited Liability Company Agreement**").
5. At the effective time of the Conversion, the Delaware LLC will be governed by (i) the Certificate of Formation filed with the Delaware Secretary of State and (ii) the Limited Liability Company Agreement.



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER: _____
For office use only

In accordance with Oregon Revised Statute 162.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: ORE-MEDIX LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name on the Certificate of Existence. See #3.

2) STATE OR COUNTRY OF ORGANIZATION:
Delaware

Date of Organization: _____

3) CERTIFICATE OF EXISTENCE:

A certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the organization, is attached.

4) DURATION: (Please check one.)

Latest date upon which the entity is to dissolve is _____

Or

Duration shall be perpetual.

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

6) NAME OF OREGON REGISTERED AGENT:
Larry Keith

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:
(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

200 North Hansard Avenue
Lebanon, OR 97355

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

3080 25th Street SE
Salem, OR 97302

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

Larry Keith, 200 North Hansard Avenue
Lebanon, OR 97355

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

This LLC will be member-managed by one or more members.

This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Signature]

Printed Name:

Larry Keith

Title:

Manager

CONTACT NAME: (To resolve questions with this filing.)

Sherry Stratton

PHONE NUMBER: (Include area code.)

503-294-9254

FEES

Required Processing Fee \$275

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."