OP \$140.00 43821

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM318329

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	CHANGE OF NAME	

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Millennium Laboratories, LLC		09/01/2014	LIMITED LIABILITY COMPANY: CALIFORNIA

RECEIVING PARTY DATA

Name:	Millennium Health, LLC	
Street Address:	16981 Via Tazon	
City:	San Diego	
State/Country:	CALIFORNIA	
Postal Code:	92127	
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA	

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark
Registration Number:	4382183	MILLENNIUM LABORATORIES
Registration Number:	4370836	ML
Registration Number:	4373504	MAPP
Registration Number:	4044667	R.A.D.A.R.
Registration Number:	4573293	RADAR

CORRESPONDENCE DATA

Fax Number: 5207608269

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: 520-760-8268

Email: lindsey@gdllawfirm.com
Correspondent Name: Michael K. Lindsey
Address Line 1: 3303 N Showdown Pl.
Address Line 4: Tucson, ARIZONA 85749

NAME OF SUBMITTER: Michael K. Lindsey	
SIGNATURE:	/mike Lindsey/
DATE SIGNED:	09/29/2014

Total Attachments: 2

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TRADEMARK REEL: 005370 FRAME: 0464 source = 2810523-l68 iks 0 f37 v biwzih 91e6o8bq#page 2.tif

TRADEMARK REEL: 005370 FRAME: 0465 LLC-2

Amendment to Articles of Organization of a Limited Liability Company (LLC)

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A \$30 filling fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: Only fill out the information that is changing. Attach extra

Secretary of State State of California

AUG 1 5 2014

pages if you need more space of need to include any other matters.		This Space For Office Use Only	
For questions about this for	n, go to www.sos.ca.gov/b	usiness/be/filling-tips.htm.	
① LLC's Exact Name (on file with CA Secretary of St	ate) ②	LLC File No. (issued by CA Secretary of State)	
Millennium Laboratories, LLC		201410110425	
Purpose	annen kanna kan makanan kannan ka		
The purpose of the limited liability company company may be organized under the Califo	is to engage in any lawful mia Revised Uniform Limit	act or activity for which a limited liability and Liability Company Act.	
New LLC Name (List the proposed LLC name exactly as	It is to annear on the records of the	ne California Secretary of State)	
Millennium Health, LLC	n to to appoin on the reading of the	a calibrata societary of classif	
Proposed LLC Name The propose Co., Ltd, Lt	id new name must include; LLC, ability Co. or Ltd. Liability Comp., inc., corporation, or corp., insure	L.L.C., Limited Liability Company, Limited Liability any; and may not include: bank, trust, trustee, r, or insurance company.	
Management (Check only one.)			
The LLC will be managed by:			
One Manager More Than One	Manager All Lim	ited Liability Company Member(s)	
Amendment to Text of the Articles of Organiza	tion (List both the current text,	and the text as amended by this filing.)	
This Amendment is effective September 17702.05(c)(2).			
Read and sign below: Unless a greater number is pone manager, if the LLC is manager-managed or at least one a trust or another entity, go to www.sos.ca.gov/businessages that are 1-sided and on standard letter-sized paper (ne member, if the LLC is members the later than the later in the later	er-managed. If the signing manager or member	
The same of the sa	Howard Appel, Preside	nt of President	
Sign nere	Print your name h		
ake check/money order payable to: Secretary of State	By Mall	Drop-Off	
on filing, we will return one (1) uncertified copy of your file cument for free, and will certify the copy upon request and syment of a \$5 certification fee.	d Secretary of Sta Business Entities, P.O. E Sacramento, CA 942	lox 944228 1500 11th Street., 3rd Floor	

Corporations Code §§ 17701.08, 17702.02, 17713.10 LLC-2 (REV 01/2014)

2014 California Secretary of State www.sos.ca.gov/business/be

TRADEMARK REEL: 005370 FRAME: 0466



I hereby certify that the foregoing transcript of ______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 1 5 2014

Date:_____

DEBRA BOWEN, Secretary of State

TRADEMARK REEL: 005370 FRAME: 0467

RECORDED: 09/29/2014