

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM370314

<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>
Unifund Portfolio Enhancement, LLC		06/18/2014	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Recovery Decision Science, LLC		
<b>Street Address:</b>	10625 Techwoods Circle		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45242		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4483616	RECOVERY DECISION SOLUTIONS	
<b>Serial Number:</b>	86264051	RECOVERY DECISION SCIENCE	
<b>Serial Number:</b>	86329424	R D S RECOVERY DECISION SCIENCE	
<b>Serial Number:</b>	86329434	R D S	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5139778200		
<i>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.</i>			
<b>Phone:</b>	5139778200		
<b>Email:</b>	april.besl@dinsmore.com		
<b>Correspondent Name:</b>	April L. Besl c/o Dinsmore & Shohl LLP		
<b>Address Line 1:</b>	255 E. 5th Street		
<b>Address Line 2:</b>	Suite 1900		
<b>Address Line 4:</b>	Cincinnati, OHIO 45202		
<b>ATTORNEY DOCKET NUMBER:</b>	32276-37		
<b>NAME OF SUBMITTER:</b>	April L. Besl, Esq.		
<b>SIGNATURE:</b>	/april l besl/		
<b>DATE SIGNED:</b>	01/25/2016		
<b>Total Attachments: 3</b>			

OP \$115.00 4483616

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/21/2014	201419901552	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	0.00	0.00	0.00	0.00

**Receipt**

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

UNIFUND CORPORATION  
ATTN: SUSAN D. APPEL  
10625 TECHWOODS CIRCLE  
CINCINNATI, OH 45242

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
1939821**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**RECOVERY DECISION SCIENCE, LLC**

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

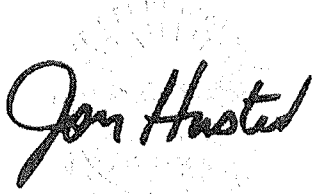
Document(s)	Document No(s):
<b>AMEND/ARTICLES-ORGANIZATION/DOM. LLC</b>	<b>201419901552</b>
Effective Date: 07/18/2014	



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 July, A.D. 2014.

*Jon Husted*  
Ohio Secretary of State



Form 543A Prescribed by:  
 Ohio Secretary of State  
**JON HUSTED**  
 Ohio Secretary of State

Central Ohio: (614) 466-3910  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216

Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1390  
 Columbus, OH 43216

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

*Trudy Ann Weiss Craig*  
Signature

By (if applicable)

Trudy Weiss Craig  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name