

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM373680

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900354036		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
CoverMyMeds LLC		11/18/2014	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	CoverMyMeds LLC		
Street Address:	22901 Millcreek Blvd.		
City:	Highland Hills		
State/Country:	OHIO		
Postal Code:	44122		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3806358	COVERMYMEDS	
CORRESPONDENCE DATA			
Fax Number:	4153939887		
<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>			
Phone:	(415) 954-0200		
Email:	trademark@squirepb.com		
Correspondent Name:	Elizabeth A. Seals, Esq.		
Address Line 1:	275 Battery Street, Suite 2600		
Address Line 4:	San Francisco, CALIFORNIA 94111		
ATTORNEY DOCKET NUMBER:	105711.3		
NAME OF SUBMITTER:	Elizabeth A. Seals, Esq.		
SIGNATURE:	/Elizabeth A. Seals/		
DATE SIGNED:	02/18/2016		
Total Attachments: 10			
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page1.tif			
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page2.tif			
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page3.tif			

source=EVIDENCE - Advanced Tissue AR conversion and qualification#page4.tif
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page5.tif
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page6.tif
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page7.tif
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page8.tif
source=EVIDENCE - Advanced Tissue AR conversion and qualification#page9.tif
source=Notice#page1.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 OHIO LIMITED LIABILITY COMPANY UNDER THE NAME OF "COVERMYMEDS LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2014, AT 4:47 O'CLOCK P.M.


AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2014, AT 12:01 O'CLOCK A.M.

5640363 8100V

141414436

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1868922

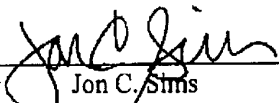
DATE: 11-17-14

TRADEMARK
REEL: 005737 FRAME: 0218

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:30 PM 11/14/2014
FILED 04:47 PM 11/14/2014
SRV 141414436 - 5640363 FILE

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the non-Delaware limited liability company was first formed is Ohio.
2. The jurisdiction immediately prior to filing this certificate is Ohio.
3. The date the non-Delaware limited liability company was first formed is October 2, 2008.
4. The name of the non-Delaware limited liability company immediately prior to filing this certificate is CoverMyMeds LLC.
5. The name of the limited liability company as set forth in the certificate of formation is CoverMyMeds LLC.
6. The effective date is 12:01 a.m., Eastern Standard Time, November 18, 2014.
7. IN WITNESS WHEREOF, the undersigned has executed this certificate on the 14th day of November, 2014.



Jon C. Sims
Authorized Person

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 "COVERMYMEDS LLC" FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2014, AT 4:47 O'CLOCK P.M.

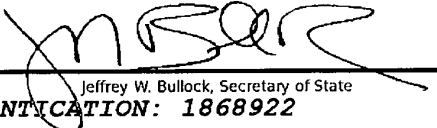
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2014, AT 12:01 O'CLOCK A.M.

5640363 8100V

141414436

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1868922

DATE: 11-17-14

TRADEMARK
REEL: 005737 FRAME: 0220

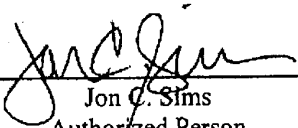
State of Delaware
Secretary of State
Division of Corporations
Delivered 05:30 PM 11/14/2014
FILED 04:47 PM 11/14/2014
SRV 141414436 - 5640363 FILE

**CERTIFICATE OF FORMATION
OF
COVERMYMEDS LLC**

Pursuant to 6 Del. C. § 18-201

1. The name of the limited liability company is CoverMyMeds LLC.
2. The address of the registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801, County of New Castle. The name of the registered agent at such address is The Corporation Trust Company.
3. The term of the limited liability company shall be perpetual.
4. The effective date is 12:01 a.m., Eastern Standard Time, November 18, 2014.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation this 14th day of November, 2014.



Jon C. Sims
Authorized Person