

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM423094

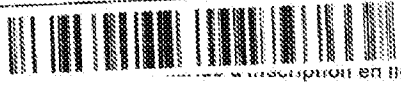
SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Improvonia Inc.		10/14/2015	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	BlueCart, Inc.		
Street Address:	1101 Connecticut Ave., Suite 450		
City:	Washington		
State/Country:	D.C.		
Postal Code:	20036		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4990440	BLUECART	
CORRESPONDENCE DATA			
Fax Number:	2026638000		
<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:	2026638000		
Email:	dctm@pillsburylaw.com		
Correspondent Name:	Patrick J. Jennings		
Address Line 1:	1200 Seventeenth Street, NW		
Address Line 4:	Washington, D.C. 20036		
NAME OF SUBMITTER:	Patrick J. Jennings		
SIGNATURE:	/Pat Jennings/		
DATE SIGNED:	04/10/2017		
Total Attachments: 7			
source=Name Change Documents#page1.tif			
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CH \$40.00 4990440

REGISTRE NATIONAL DES MARQUES

N° d'inscription: 0 684 881

Date d'inscription: 28/09/2016

 N° d'inscription en ligne		
N° D'ORDRE	TN-2016-08027	Veuillez remplir ce formulaire à l'encre noire
Vos références pour ce dossier (facultatif)		51294
5 ENONCÉ DE LA RECTIFICATION Remplacer : OREPHAN SYNERGY EUROPE - PHARMA La pépinière Paris Santé Cochin 29 bis rue du Faubourg Saint Jacques 75014 PARIS France		
Par : OSE Immunotherapeutics Faculté de Médecine 1 Rue Gaston Veil 44000 NANTES France		
6 TITRE(S) CONCERNÉ(S) PAR LA DEMANDE D'INSCRIPTION		Indiquez le ou les titres concerné(s) sur les annexes «Brevets», «Marques», et «Dessins et Modèles» Nombre d'annexes jointes : 1
7 PIÈCES PRODUITES		
Dans tous les cas		<input type="checkbox"/> S'il y a lieu, le pouvoir du mandataire ou copie du pouvoir permanent (sans conseil en propriété industrielle ou avocat)
Pour les corrections d'erreur matérielle		<input type="checkbox"/> Justification de la redevance prescrite
Autres pièces		<input checked="" type="checkbox"/> Khis
8 MANDATAIRE		
Nom		SIMON DRUON
Prénoms		AURORE
Cabinet ou Société		Cabinet CAMUS LEBKIRI
N° de pouvoir permanent		
Adresse		25 RUE DE MAUREUGE
Rue		
Code postal et ville		[75101019] PARIS-9E-ARRONDISSEMENT
N° de téléphone (facultatif)		0155071010
N° de télécopie (facultatif)		0155071011
Adresse électronique (facultatif)		trademarks@camus-lebkiri.com
Nombre de pages jointes de l'imprimé «Suite»		0
9 SIGNATURE DU DEMANDEUR OU DU MANDATAIRE Nom : SIMON DRUON AURORE Qualité : CPI n°07-0708		Cachet électronique de l'INPI

[logo:] **inpi**
**NATIONAL INSTITUTE OF
INDUSTRIAL PROPERTY**

15 rue des Minimes - CS 50001 - 92677
COURBEVOIE Cedex
For more information: INPI Direct 0820 210 211

**INVENTION PATENTS, SCP [Supplementary
Protection Certificate], TPS [Technology Protection
System], TRADEMARKS, DESIGNS AND
MODELS**

French Code of Intellectual Property - Books V, VI and VII
**REQUEST FOR AN AMENDMENT TO BE REGISTERED
AT THE NATIONAL REGISTER**

[logo:] cerfa
No. 11601*03

Please fill in this form in black ink

DRT RN 53-1/01-2014

<p>[logo:] inpi NATIONAL INSTITUTE OF INDUSTRIAL PROPERTY</p>		<p>NATIONAL TRADEMARK REGISTER Registration No.: 0 684 881 Registration Date: 09/28/2016</p>	<p>1 NAME AND ADDRESS OF THE PERSON OR ENTITY OR REPRESENTATIVE TO WHOM THE CORRESPONDENCE SHOULD BE SENT</p>
[barcode]		<p>CABINET CAMUS LEBKIRI 25 RUE DE MAUBEUGE 75009 PARIS - 9TH - ARRONDISSEMENT France</p>	
<input type="checkbox"/> Please tick the box if you require accelerated processing (an additional fee will need to be paid)			
Your references for this file (optional)		61294	
2 PERSON OR ENTITY REQUESTING THE REGISTRATION		<input type="checkbox"/> If there are other persons or entities requesting registration, please tick the box and use the "continued" form	
Name or Corporate Name		OSE Immunotherapeutics	
First names			
Legal form		Société Anonyme [Public Limited Company]	
SIREN [Company Registration] No.		479457715	
Address	Street	Faculté de Médecine [Faculty of Medicine] 1 Rue Gaston Veil	
	Postal code and town	44000 NANTES	
	Country	France	
Telephone No. (optional)			
Fax No. (optional)			
Email (optional)			
3 DOCUMENTS TO BE AMENDED			
Filing documents		<input type="checkbox"/>	
Document registered at the Register		<input type="checkbox"/>	
Declaration of trademark renewal		<input type="checkbox"/> Registration date: Registration number: Renewal number:	
4 NATURE OF THE AMENDMENT TO BE REGISTERED			
Change of name		<input checked="" type="checkbox"/>	
Company's registration		<input type="checkbox"/>	
Change of legal form		<input type="checkbox"/>	
Change of address		<input checked="" type="checkbox"/>	
Correction of a material error		<input type="checkbox"/>	

**TRADEMARK
REEL: 006030 FRAME: 0681**

[logo:] inpi NATIONAL INSTITUTE OF INDUSTRIAL PROPERTY	NATIONAL TRADEMARK REGISTER
	Registration No.: 0 684 881
	Registration Date: 09/28/2016
	[barcode]

[illegible] online registration

ORDER No. **TN-2016-08027** Please fill in this form in black ink DRT RN 53-2/01-2014

Your references for this file (optional)	61294	
5 WORDING OF THE AMENDMENT		
Replace: ORPHAN SYNERGY EUROPE - PHARMA La pépinière Paris Santé Cochin 29 bis rue du Faubourg Saint Jacques 75014 PARIS France		
With: OSE Immunotherapeutics Faculté de Médecine 1 Rue Gaston Veil 44000 NANTES France		
6 TITLES CONCERNED BY THE REGISTRATION REQUEST	Indicate one or several titles in the "Patents", "Trademarks" and "Designs and Models" appendices Number of attached appendices: 1	
7 PRODUCED DOCUMENTS		
In every case	<input type="checkbox"/> If applicable, the representative's proxy or a copy of a permanent proxy (except for industrial property advice or an attorney)	
For corrections of material errors	<input type="checkbox"/> Proof of the required fee	
Other documents	<input checked="" type="checkbox"/> Kbis [Incorporation Certificate]	
8 REPRESENTATIVE		
Surname	SIMON DRUON	
First Name	AUORE	
Firm or Company	CABINET CAMUS LEBKIRI	
Permanent proxy No.		
Address	Street	25 RUE DE MAUBEUGE
	Postal code and town	75009 PARIS - 9 TH - ARRONDISSEMENT
Telephone No. (optional)	+ 33 (0)155071010	
Fax No. (optional)	+ 33 (0)155071011	
Email (optional)	trademarks@camus-lebkiri.com	
Number of pages attached in "Continued" form	0	
9 SIGNATURE OF THE REQUESTING PERSON/ENTITY OR THE REPRESENTATIVE		
Name: AUORE SIMON DRUON Capacity: CPI [Industrial Property Advice] No. 07-0708		
INPI's electronic stamp		

In accordance with the provisions of the amended Act No. 78-17 of 01.6.1978 regarding Data Protection and Privacy, you have the right to access and correct the data concerning you at INPI.



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City of New York, State of New York, County of New York

I, Wendy Poon, hereby certify that the document "Inscriptions_FR_0684881" is, to the best of my knowledge and belief, a true and accurate translation French into English.

Wendy Poon

Sworn to before me this
February 20, 2017

Signature, Notary Public

MICHELLE CLAERHOUT
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CL8345822
Qualified In Bronx County
My Commission Expires 07-25-2020

Stamp, Notary Public

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