

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM431326

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Proflex LLC		06/14/2017	Limited Liability Company: WISCONSIN
RECEIVING PARTY DATA			
Name:	Noomi Health LLC		
Street Address:	12480 Mac Alister Way, Apt. 202		
City:	New Berlin		
State/Country:	WISCONSIN		
Postal Code:	53151		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5200823	NOOMI	
CORRESPONDENCE DATA			
Fax Number:	2627831211		
<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:	262 783-1300		
Email:	rkmip@rkmiplaw.com		
Correspondent Name:	Ryan Kromholz & Manion, S.C.		
Address Line 1:	P O Box 26618		
Address Line 4:	Milwaukee, WISCONSIN 53226-0618		
NAME OF SUBMITTER:	Barbara J. Mueller		
SIGNATURE:	/Barbara J. Mueller/		
DATE SIGNED:	06/15/2017		
Total Attachments: 2			
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OP \$40.00 5200823

ASSIGNMENT

Proflex LLC, of 12480 Mac Alister Way, Apt 202, New Berlin, Wisconsin 53151, (hereinafter "ASSIGNOR") a limited liability company of the State of Wisconsin, being the owner by adoption and use of the following trademark: NCCOML Reg. 5,289,823

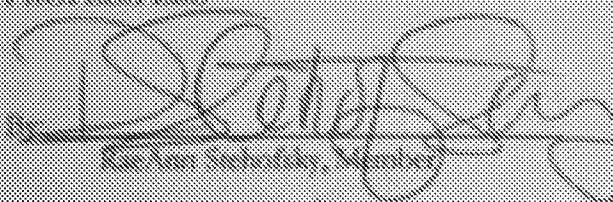
In consideration of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged,

Hereby sells, assigns, and transfers to Nexans Health LLC, 12480 Mac Alister Way, Apt 202, New Berlin, Wisconsin 53151, (hereinafter ASSIGNEE) its successors and assigns, the entire right, title and interest in and to the said trademark(s) and the registration(s) thereof, together with the assets and goodwill of the business connected with the use of, and symbolized by, said marks and every right connected therewith, including all rights to damages and other remedies for past infringement of each identified trademark.

ASSIGNOR warrants that it is the sole owner of all rights referred to in this agreement and has secured them from any and all parties that have claimed, or may claim, or that might claim such rights by, through, or under said ASSIGNOR. ASSIGNOR further warrants that it has not abandoned the trademark(s) through non-use of said mark(s). This Assignment, including the terms and conditions contained within this Assignment, represents the complete and total agreement between the parties with regard to the assignment of said trademark(s). Any and all previous discussions or understandings with regard to said trademark(s), whether written or oral, are of no effect. This Assignment is to be interpreted according to the laws of the State of Wisconsin.

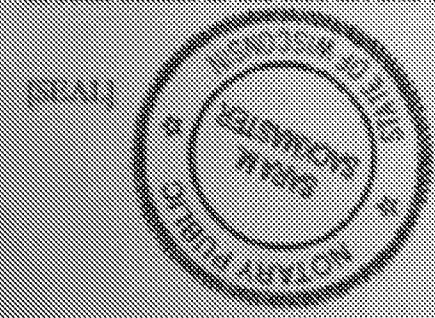
The undersigned, RaeAnn Scholisky, declares that she is a member of ASSIGNOR corporation and is authorized to execute this Assignment on behalf of said corporation.


Witness the hand and seal of said ASSIGNOR this 14 day of June, 2017.

PROFLEX LLC

RaeAnn Scholisky, Member

STATE OF WISCONSIN
COUNTY OF MILWAUKEE } ss

Personally came before me this 14th day of June, 2017, the above named RaeAnn Scholisky, Member of Proflex LLC, to me known to be the person who executed the foregoing Assignment, and acknowledged that she executed the foregoing Assignment as such officer as the free act and deed of said corporation, and by its authority.




Notary Public
My Commission expires 5/15/2021

POWER OF ATTORNEY

Assignee hereby appoints all attorneys of RYAN KROMHOLZ & MANION, S.C., P. O. Box 26618, Milwaukee, Wisconsin 53226 phone (262) 783-1300, members of the Bar of the State of Wisconsin, as his/her/their domestic representatives and attorneys until this appointment is cancelled or replaced, to prosecute this application to register, to transact all business in the Patent and Trademark Office in connection therewith before and after registration, to receive certificates of registration and renewal, and to receive service of process, and directs that all communications in this application be addressed to said attorneys.

ACCEPTANCE

The foregoing Assignment is hereby accepted and I appoint the above attorneys to act in each said matter.

NOOMI HEALTH LLC

By

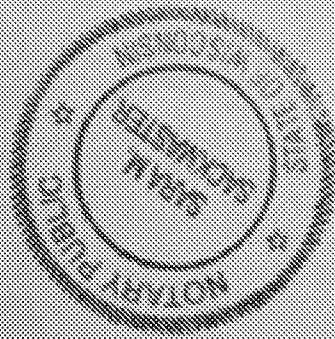
[Handwritten signature of Rae Ann Stehofsky]
Rae Ann Stehofsky, Managing Member

Date: June 14th 2017

STATE OF Wisconsin
COUNTY OF Milwaukee } ss

Personally came before me this 14 day of June, 2017, the above named Rae Ann Stehofsky, the Managing Member of Noomi Health LLC, to me known to be the person who executed the foregoing Assignment, and acknowledged that she executed the foregoing Assignment as such officer as the free act and deed of said corporation, and by its authority.

(SEAL)



[Handwritten signature of Notary Public]
Notary Public

My Commission expires 5/15/2021