

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM525449

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Safco Dental Supply Co.		05/22/2019	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	Safco Dental Supply LLC		
Street Address:	1111 Corporate Grove Drive		
City:	Buffalo Grove		
State/Country:	ILLINOIS		
Postal Code:	60089		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 10			
Property Type	Number	Word Mark	
Registration Number:	3673902	NITRILEX	
Registration Number:	4043878	RADIANCE	
Registration Number:	4378575	SAFCO	
Registration Number:	4647330	SAFCO DENTAL SUPPLY CO.	
Registration Number:	4810015	SAFCO DENTAL SUPPLY COMPANY	
Registration Number:	4810016		
Registration Number:	5050906		
Registration Number:	5118896	DENTASOFT	
Registration Number:	5217409	NICE BITE	
Registration Number:	5585478	NITRILEX TOUCH	
CORRESPONDENCE DATA			
Fax Number:	3122691747		
<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:	3122698000		
Email:	trademarks@nge.com, dlau@nge.com		
Correspondent Name:	Bruce A. Fox		
Address Line 1:	2 N LaSalle St, Suite 1700		
Address Line 2:	Suite 1700		
Address Line 4:	Chicago, ILLINOIS 60602		

CH \$265.00 3673902

ATTORNEY DOCKET NUMBER:	019965.0703
NAME OF SUBMITTER:	Bruce A. Fox
SIGNATURE:	/Bruce A. Fox/
DATE SIGNED:	05/29/2019
Total Attachments: 4 source=Safco Dental Supply LLC-IL-Formation#page1.tif source=Safco Dental Supply LLC-IL-Formation#page2.tif source=Safco Dental Supply LLC-IL-Formation#page3.tif source=Safco Dental Supply Co.-IL-Miscellaneous#page1.tif	



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MAY 23, 2019

0759656-1

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703-4261

RE SAFCO DENTAL SUPPLY LLC

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF ORGANIZATION THAT CREATED YOUR LIMITED LIABILITY COMPANY. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS ANNIVERSARY MONTH NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN PENALTY AND DISSOLUTION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.

A LIMITED LIABILITY COMPANY THAT INTENDS TO PROVIDE A PROFESSIONAL SERVICE REGULATED BY THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION MUST REGISTER WITH THAT AGENCY.

ARTICLES OF CONVERSION HAVE BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FEE.

PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT WWW.CYBERDRIVEILLINOIS.COM TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.

SINCERELY YOURS,

JESSE WHITE
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

Form **LLC-5.5**
May 2018

Illinois
Limited Liability Company Act
Articles of Organization

FILE #

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Type or print clearly.

FILED

MAY 23 2019

**JESSE WHITE
SECRETARY OF STATE**

Filing Fee: \$150

Approved:



Payment must be made by certified check, cashier's check, Illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

1. Limited Liability Company name (see Note 1): Safco Dental Supply LLC

2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
1111 Corporate Grove Drive, Buffalo Grove, Illinois 60089

3. Articles of Organization effective on: (check one)
 the filing date
 a later date (not to exceed 60 days after the filing date): _____
Month, Day, Year

4. Registered agent's name and registered office address:
Registered agent: ILLINOIS CORPORATION SERVICE COMPANY
(P.O. Box alone or c/o is unacceptable.)
First Name Middle Initial Last Name
Registered office: 801 Adlai Stevenson Drive
Number Street Suite #
Springfield, IL 62703
City IL ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)
The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act and/or exclusively for the purpose(s) stated below:

6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter that date here: _____
Month/Day Year

LLC-5.5

7. Optional: Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use sheets of this size.)

Blank lines for optional provisions.

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Kenneth B. Saffir 1111 Corporate Grove Drive, Buffalo Grove, IL 60089

Table with 5 columns: Name, Number & Street, City, State, ZIP. Contains one row for Kenneth B. Saffir.

(If additional space is needed, use sheets of this size.)

10. Name and Address of Organizer(s):

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: May 22, 2019 (Month/Day, Year)

1. Signature: Kenneth B. Saffir, Organizer (Name and Title)

If organizer is signing for a company or other entity, state name of company or entity.

2. Signature (Name (type or print))

If organizer is signing for a company or other entity, state name of company or entity.

1. 1111 Corporate Grove Drive, Buffalo Grove, Illinois 60089 (Number, Street, City, State, ZIP)

2. Number, Street, City, State, ZIP

Note 1: The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp.," "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.

EOA 205

FILED

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

MAY 23 2019

JESSE WHITE
SECRETARY OF STATE

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

07596561

New Entity File Number

Filing Fee: \$100

Approved: *me*

Submit in duplicate Type or print clearly in black ink Do not write above this line

Converting Entity

Current file number: 4611-276-8

1. Converting Entity Name: Safco Dental Supply Co.

2. Current Entity Type: (select only one)

For Profit Corporation

Limited Liability Company

General Partnership

Limited Liability Partnership

Limited Partnership

3. Jurisdiction and Date of Incorporation/Organization: 1111 Corporate Grove Drive, Buffalo Grove, Illinois 60089

4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

5. Converted Entity Name: Safco Dental Supply LLC

6. Converted Entity Type: (select only one)

For Profit Corporation

Limited Liability Company

General Partnership

Limited Liability Partnership

Limited Partnership

7. Jurisdiction of Incorporation/Organization:

8. The Converted Entity: (select only one)

intends to transact business in Illinois will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process:

(P.O. Box alone is not acceptable)

9. Effective Date of Conversion:

If a future date is chosen, MUST be within 90 days of filing.

Upon Filing

Future Effective Date:

The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.

The formation document and fee for the Converted Entity must be attached.

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in BLACK INK.

Dated May 22, 2019
Month & Day Year

SAFCO DENTAL SUPPLY CO.
Exact Name of Converting Entity

Kenneth B. Saffir
Any Authorized Signer's Signature

Kenneth B. Saffir, Chief Executive Officer
Name and Title (type or print)