

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

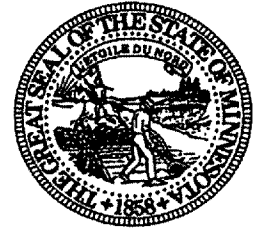
ETAS ID: TM647017

<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>
Direct Benefits Inc.		04/30/2021	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	DBI, Inc.		
<b>Street Address:</b>	333 South Seventh Street, Suite 2600		
<b>City:</b>	Minneapolis		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55402		
<b>Entity Type:</b>	Corporation: MINNESOTA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3263062	MAGNUM DENTAL	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6128775072		
<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>	6128775307		
<b>Email:</b>	ipmab@lawmoss.com		
<b>Correspondent Name:</b>	Michael A. Bondi		
<b>Address Line 1:</b>	150 South Fifth Street, Suite 1200		
<b>Address Line 4:</b>	Minneapolis, MINNESOTA 55402		
<b>ATTORNEY DOCKET NUMBER:</b>	57263.2		
<b>NAME OF SUBMITTER:</b>	Michael A. Bondi		
<b>SIGNATURE:</b>	/Michael A. Bondi/		
<b>DATE SIGNED:</b>	05/14/2021		
<b>Total Attachments: 3</b>			
source=DBI Assignment#page1.tif			
source=DBI Assignment#page2.tif			
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CH \$40.00 3263062

**Office of the Minnesota Secretary of State**  
**Minnesota Limited Liability Company | Amendment to Articles of Organization**

Minnesota Statutes, Chapter 322C



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. List the name of this company currently on file with the Office of the Minnesota Secretary of State: (Required)

Direct Benefits Inc.

2. The articles of organization for this Limited Liability Company are amended pursuant to Chapter 322C.

**AMENDMENT OPTIONS: Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.**

3. The company name is changed to:

DBI, Inc.

4. The registered office address is changed to:

333 South Seventh Street, Suite 2600

Street Address (A post office box by itself is not acceptable)

Minneapolis

City

MN

State

55402

Zip Code

5. The registered agent is changed to:

6. The business mailing address has changed to:

333 South Seventh Street, Suite 2600

Address

Minneapolis

City

MN

State

55402

Zip Code

7. The articles of organization are otherwise amended as follows:

[Empty box for additional amendments]

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

April 30, 2021

Date

**Office of the Minnesota Secretary of State**

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Minnesota Statutes, Chapter 322C



**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

tomwmayer@gmail.com

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Joshua Hencik

612-359-7605

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes  No



**Work Item 1233553000021**  
**Original File Number 11R-625**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**05/04/2021 11:59 PM**

*Steve Simon*

Steve Simon  
Secretary of State