

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM656499

<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>
Thera-LINK LLC		09/27/2013	Limited Liability Company: ALABAMA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	THERA-LINK, LLC		
<b>Street Address:</b>	2 20th Street N., Suite 500		
<b>City:</b>	Birmingham		
<b>State/Country:</b>	ALABAMA		
<b>Postal Code:</b>	35203		
<b>Entity Type:</b>	Limited Liability Company: ALABAMA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4594462	THERA-LINK	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3128622200		
<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>	3128622000		
<b>Email:</b>	Jeffrey.norgle@kirkland.com		
<b>Correspondent Name:</b>	Jeffrey Norgle		
<b>Address Line 1:</b>	300 NORTH LASALLE		
<b>Address Line 2:</b>	KIRKLAND & ELLIS LLP		
<b>Address Line 4:</b>	CHICAGO, ILLINOIS 60654		
<b>ATTORNEY DOCKET NUMBER:</b>	22024-0511		
<b>NAME OF SUBMITTER:</b>	Jeffrey Norgle		
<b>SIGNATURE:</b>	/Jeffrey Norgle/		
<b>DATE SIGNED:</b>	06/28/2021		
<b>Total Attachments: 12</b>			
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source=thera-LINK LLC - certificate of formation - TX #page12.tif



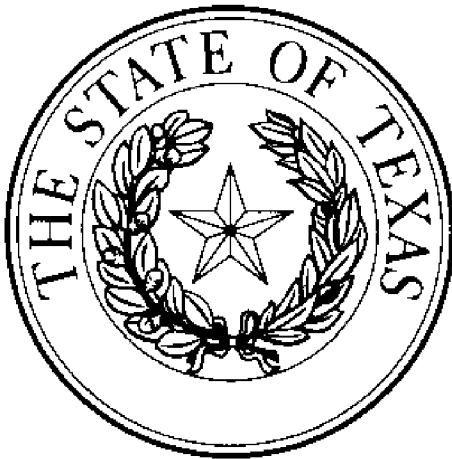
## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

thera-LINK, LLC  
Filing Number: 801858605

Certificate of Formation	September 27, 2013
Certificate of Assumed Business Name	September 24, 2018
Change of Registered Agent/Office	June 25, 2019
Restated Certificate of Formation	February 18, 2020

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 15, 2021.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs  
Secretary of State

Form 205  
(Revised 05/11)

Submit in duplicate to  
Secretary of State  
P O Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX 512 463-5709  
Filing Fee \$300



This space reserved for office use

**Certificate of Formation  
Limited Liability Company**

**FILED**  
In the Office of the  
Secretary of State of Texas  
SEP 27 2013  
Corporations Section

**Article 1 – Entity Name and Type**

The filing entity being formed is a limited liability company The name of the entity is

thera-LINK, LLC

The name must contain the words "limited liability company," "limited company," or an abbreviation of one of these phrases

**Article 2 – Registered Agent and Registered Office**

(See instructions Select and complete either A or B and complete C )

A The initial registered agent is an organization (cannot be entity named above) by the name of

OR

B The initial registered agent is an individual resident of the state whose name is set forth below

Carol A PARK  
First Name MI Last Name Suffix

C The business address of the registered agent and the registered office address is

1702 N Collins Blvd Richardson TX 75080  
Street Address Suite City State Zip Code

**Article 3—Governing Authority**

(Select and complete either A or B and provide the name and address of each governing person )

A The limited liability company will have managers The name and address of each initial manager are set forth below

B The limited liability company will not have managers The company will be governed by its members, and the name and address of each initial member are set forth below

**GOVERNING PERSON 1**

NAME (Enter the name of either an individual or an organization, but not both)

IF INDIVIDUAL

Carol A PARK  
First Name MI Last Name Suffix

OR

IF ORGANIZATION

Organization Name

ADDRESS

PO Box 835325 Richardson TX USA 75083-5325  
Street or Mailing Address City State Country Zip Code

RECEIVED

Form 205  
SEP 27 2013

<b>GOVERNING PERSON 2</b>			
NAME (Enter the name of either an individual or an organization, but not both )			
IF INDIVIDUAL			
HEATHER	M	POTTER	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
<i>Organization Name</i>			
ADDRESS			
PO Box 835325	Richardson Tx	USA	75083-5325
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country Zip Code</i>

<b>GOVERNING PERSON 3</b>			
NAME (Enter the name of either an individual or an organization, but not both )			
IF INDIVIDUAL			
LORI	V	CLARK	
<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
<i>Organization Name</i>			
ADDRESS			
PO Box 835325	Richardson Tx	USA	75083-5325
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country Zip Code</i>

**Article 4 – Purpose**

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code

**Supplemental Provisions/Information**

Text Area [The attached addendum if any is incorporated herein by reference ]

**Organizer**

The name and address of the organizer

Carol Park  
Name

1702 N. Collins Blvd Richardson Tx 75080  
Street or Mailing Address Suite 207 City State Zip Code

**Effectiveness of Filing** (Select either A B or C)

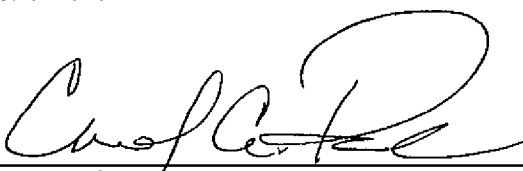
- A  This document becomes effective when the document is filed by the secretary of state  
B  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing The delayed effective date is \_\_\_\_\_  
C  This document takes effect upon the occurrence of the future event or fact, other than the passage of time The 90<sup>th</sup> day after the date of signing is \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below

**Execution**

The undersigned affirms that the person designated as registered agent has consented to the appointment The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument

Date 9-25-13

  
Signature of organizer  
Carol A. Park  
Printed or typed name of organizer

**Form 503  
(Revised 09/13)**

Return in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512 463-5709  
**Filing Fee: \$25**



**Assumed Name Certificate**

This space reserved for office use.

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**SEP 24 2018**  
**Corporations Section**

**Assumed Name**

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: lawyer-LINK

**Entity Information**

2. The legal name of the entity filing the assumed name is:

thera-LINK, LLC.

*State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.*

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- For-profit Corporation
- Nonprofit Corporation
- Professional Corporation
- Professional Association
- Other
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership
- Cooperative Association

*Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.*

4. The file number, if any, issued to the entity by the secretary of state is: 46-3821925

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The entity's principal office address is:

PO Box 835325

*Street or Mailing Address*

<u>Richardson</u>	<u>TX</u>	<u>US</u>	<u>75083</u>
<i>City</i>	<i>State</i>	<i>Country</i>	<i>Postal or Zip Code</i>

**Period of Duration**

7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

7b. The period during which the assumed name will be used is \_\_\_\_\_ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

7c. The assumed name will be used until \_\_\_\_\_ (not to exceed 10 years).

**RECEIVED**

*mm/dd/yyyy*

**County or Counties in which Assumed Name Used**

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

All counties with the exception of the following counties: \_\_\_\_\_

Only the following counties: \_\_\_\_\_

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 09/19/2018



Heather Potter, COO

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)



**Form 401**

Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
FAX: 512/463-5709

Filing Fee: See Instructions



**Statement of Change of  
Registered Office/Agent**

Filed in the Office of the  
Secretary of State of Texas  
Filing #: 801858605 06/25/2019  
Document #: 897420340002  
Image Generated Electronically  
for Web Filing

**Entity Information**

The name of the entity is :

**thera-LINK, LLC**

The file number issued to the entity by the secretary of state is: **801858605**

The registered agent and registered office of the entity as currently shown on the records of the secretary of state are:

**CAROL A PARK**

**1702 N. COLLINS BLVD, STE. 207, Richardson, TX, USA 75080**

**Change to Registered Agent/Registered Office**

The following changes are made to the registered agent and/or office information of the named entity:

Registered Agent Change

A. The new registered agent is an organization by the name of:

**Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company**

OR

B. The new registered agent is an individual resident of the state whose name is:

Registered Office Change

C. The business address of the registered agent and the registered office address is changed to:

**211 E. 7th Street, Suite 620, Austin, TX, USA 78701**

The street address of the registered office as stated in this instrument is the same as the registered agent's business address.

Consent of Registered Agent

A. A copy of the consent of registered agent is attached. **Texas Agent Consent form.pdf**

B. The consent of the registered agent is maintained by the entity.

**Statement of Approval**

The change specified in this statement has been authorized by the entity in the manner required by the BOC or in the manner required by the law governing the filing entity, as applicable.

**Effectiveness of Filing**

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **June 25, 2019**

**Shegun Otulana, Authorized Person**

Signature of authorized person(s)

FILING OFFICE COPY



**Acceptance of Appointment  
and  
Consent to Serve as Registered Agent  
§5.201(b) Business Organizations Code**

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

Acceptance of Appointment and Consent to Serve as Registered Agent

I acknowledge, accept and consent to my designation or appointment as registered agent in Texas for

*Name of represented entity*

I am a resident of the state and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if I resign.

**X:**

*Signature of registered agent*

*Printed name of registered agent*

*Date (mm/dd/yyyy)*

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

Acceptance of Appointment and Consent to Serve as Registered Agent

I am authorized to act on behalf of Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company  
*Name of organization designated as registered agent*

The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for:  
**THERA-LINK, LLC**

*Name of represented entity*

The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns.

**X: By:**

*Signature of person authorized to act on behalf of organization*

Grace E. Kirby  
Assistant Vice President

06/25/2019

*Signature of person authorized to act on behalf of organization*

*Printed name of authorized person*

*Date (mm/dd/yyyy)*

Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

**Form 414**  
**(Revised 09/13)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: See instructions**



**Restated Certificate of  
Formation  
With New Amendments**

This space reserved for office use.

**FILED**  
In the Office of the  
Secretary of State of Texas

**FEB 18 2020**

**Corporations Section**

**Entity Information**

The name of the filing entity is:

thera-LINK, LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |   |   |
|---|---|
| <input type="checkbox"/> For-profit Corporation               | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association              | <input type="checkbox"/> Professional Association               |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 801858605

The date of formation of the filing entity is: September 27, 2013

**Statement of Approval**

Each new amendment has been made in accordance with the provisions of the Texas Business Organizations Code. The amendments to the certificate of formation and the restated certificate of formation have been approved in the manner required by the Code and by the governing documents of the entity.

**Required Statements**

The restated certificate of formation, which is attached to this form, accurately states the text of the certificate of formation being restated and each amendment to the certificate of formation being restated that is in effect, and as further amended by the restated certificate of formation. The attached restated certificate of formation does not contain any other change in the certificate of formation being restated except for the information permitted to be omitted by the provisions of the Texas Business Organizations Code applicable to the filing entity.

**Effectiveness of Filing** (Select either A, B, or C.)

- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned affirms that the person designated as registered agent in the restated certificate of formation has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: February 19, 2020

thera-LINK, LLC

Name of entity (see Execution instructions)



Signature of authorized individual (see instructions)

Kimberly O'Loughlin

Printed or typed name of authorized individual

Attach the text of the amended and restated certificate of formation to the completed statement form. Identify the attachment as "Restated Certificate of Formation of [Name of Entity]."

RESTATED CERTIFICATE OF FORMATION  
OF  
THERA-LINK, LLC

Article 1 – Entity Name and Type

The filing entity is a limited liability company. The name of the entity is:

thera-LINK, LLC

Article 2 – Registered Agent and Registered Office

The registered agent is an organization by the name of:

Corporation Service Company d/b/a/ CSC-Lawyers Incorporating Service Company

The business address of the registered agent and registered office is:

211 E. 7th Street, Suite 620, Austin, TX 78701

Article 3 – Governing Authority

The limited liability company will not have managers. The company will be governed by its members, and the name and address of each member are set forth below.

TheraNest, LLC  
1500 1st Avenue N.  
Unit 32, Suite L134  
Birmingham, AL 35203

Article 4 – Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.