

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM711600

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Microdesk, Inc.		02/24/2022	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	Microdesk, LLC		
Street Address:	51 Franklin Street, 6th Floor		
City:	Boston		
State/Country:	MASSACHUSETTS		
Postal Code:	02110		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	6558227	BIMRX CORE	
Registration Number:	6558228	BIMRX FABRICATION	
Registration Number:	6558229	BIMRX MEP	
Registration Number:	6558230	BIMRX CLOUD MANAGER	
Registration Number:	6565419	BIMRX PROJECT	
Registration Number:	6210584	ARID	
Registration Number:	4992952	MODELSTREAM	
CORRESPONDENCE DATA			
Fax Number:	4142735198		
<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:	4142733500		
Email:	emcguire@gklaw.com		
Correspondent Name:	Jennifer L. Gregor; Godfrey & Kahn, S.C.		
Address Line 1:	833 E. Michigan Street, Suite 1800		
Address Line 4:	Milwaukee, WISCONSIN 53202-5615		
ATTORNEY DOCKET NUMBER:	300108-0001		
NAME OF SUBMITTER:	Jennifer L. Gregor		
SIGNATURE:	/Jennifer L. Gregor/		

CH \$190.00 6558227

DATE SIGNED:	03/02/2022
Total Attachments: 4 source=Microdeskdoc#page1.tif source=Microdeskdoc#page2.tif source=Microdeskdoc#page3.tif source=Microdeskdoc#page4.tif	

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The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Entity Conversion of a Domestic Business Corporation to a Domestic Other Entity

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 9.53; 950 CMR 113.29)

(1) Exact name of corporation prior to conversion: Microdesk, Inc.

(2) Registered office address: 155 Federal Street, Suite 700, Boston, Massachusetts 02110
(number, street, city or town, state, zip code)

(3) New name after conversion, which shall satisfy the organic law of the surviving entity:
Microdesk, LLC

(4) New type of entity: Limited Liability Company

(5) The plan of entity conversion was duly approved by the shareholders, and where required, by each separate voting group in the manner required by G.L. Chapter 156D and the articles of organization.

(6) Attach any additional sheets containing all information required to be set forth in the public organic document of the surviving entity.

(7) The conversion of the corporation shall be effective at the time and on the date approved by the Division, unless a later effective date is specified in accordance with the organic law of the surviving entity: _____

DocuSigned by:
Robin F Adams
B2522702397C42B...

Signed by: _____
(signature of authorized individual) ROBIN F. ADAMS, TREASURER

(Please check appropriate box)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 24th day of February

TRADEMARK
REEL: 007647 FRAME: 0707

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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

**Limited Liability Company
Certificate of Organization
(General Laws Chapter 156C, Section 12)**

Federal Identification No.: _____

(1) The exact name of the limited liability company:

Microdesk, LLC
.....

(2) The street address of the office in the commonwealth at which its records will be maintained:

51 Franklin Street, 6th Floor, Boston, MA 02110

(3) The general character of the business:

Software and Consulting Services

(4) Latest date of dissolution, if specified: _____

(5) The name and street address, of the resident agent in the commonwealth:

NAME	ADDRESS
C T Corporation System,	155 Federal Street, Suite 700, Boston, Massachusetts 02110

(6) The name and business address, if different from office location, of each manager, if any:

NAME	ADDRESS
Robin F. Adams	Same

Michael A. Delacey	Same
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- (7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

NAME	ADDRESS
None.	

- (8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME	ADDRESS
Robin F. Adams	Same
Michael A. Delacey	Same

- (9) Additional matters:

Signed by (by at least one authorized signatory):

DocuSigned by:
Robin F Adams
B2622702897C43B.....

Robin F. Adams, Manager

Consent of resident agent:

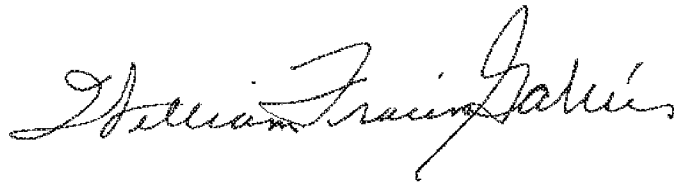
I CT Corporation System,
resident agent of the above limited liability company, consent to my appointment

TRADEMARK
REEL: 007647 FRAME: 0709

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 24, 2022 11:03 AM

A handwritten signature in cursive script, reading "William Francis Galvin".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth