

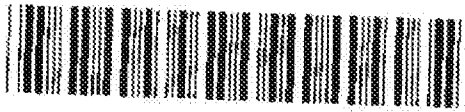
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM743056

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900685254		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ARJ Infusion Services, Inc.		12/20/2021	Corporation: KANSAS
RECEIVING PARTY DATA			
Name:	ARJ Infusion Services, LLC		
Street Address:	7930 Marshall Drive		
City:	Lenexa		
State/Country:	KANSAS		
Postal Code:	66215		
Entity Type:	Limited Liability Company: KANSAS		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3965242	ARJ INFUSION SERVICES	
Registration Number:	3984437	CC CAPTAIN CLOT!	
Registration Number:	4199448	READY PACK	
CORRESPONDENCE DATA			
Fax Number:	8169838080		
<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:	8169838000		
Email:	PTO-KC@huschblackwell.com		
Correspondent Name:	Husch Blackwell LLP		
Address Line 1:	4801 Main Street, Suite 1000		
Address Line 4:	Kansas City, MISSOURI 64112		
ATTORNEY DOCKET NUMBER:	15229.300		
NAME OF SUBMITTER:	Olivia Miller		
SIGNATURE:	/Olivia Miller/		
DATE SIGNED:	07/22/2022		
Total Attachments: 2			
source=ARJ INFUSION SERVICES INC. CONVERTING INTO ARJ INFUSION SERVICES LLC#page1.tif			

CVD 53-44	KANSAS SECRETARY OF STATE Certificate of Conversion to a Kansas Entity
	Kansas Office of the Secretary of State: Memorial Hall, 1st Floor (785) 296-4564 120 S.W. 10th Avenue kssos@sos.ks.gov Topeka, KS 66612-1594 www.sos.ks.gov

4655 01 053 044 0240.00	FILED BY KS SOS 12-20-2021 04:20:50 PM FILE#: 2878270
	
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This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

Converting Entity

1. Business entity ID number <small>Not Federal Employer ID Number (FEIN).</small>	2878270
2. Entity name	ARJ Infusion Services, Inc.
3. Type of entity	<input checked="" type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership
4. State or Country of organization	Kansas

New Entity

5. Entity name	ARJ Infusion Services, LLC						
6. Type of entity	<input type="checkbox"/> For-Profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership						
7. Effective date <small>If future date is chosen, must be within 90 days of filing.</small>	<input checked="" type="checkbox"/> Upon filing <input type="checkbox"/> Future effective date: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Month	Day	Year			
Month	Day	Year					

The formation document and fee for the converted entity are attached. This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 or by the laws of the appropriate foreign jurisdiction.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.			
Signature of Authorized Person of the converting entity <i>Mary Lisa Sackovich</i>	Month 12	Day 20	Year 2021
Name of Signer (printed or typed) Mary Lisa Sackovich	Title President		

Print
or
Type
Name

DL
51-09

**KANSAS SECRETARY OF STATE
Limited Liability Company
Articles of Organization, Kansas**

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@ks.gov
Topeka, KS 66612-1594 https://sos.kansas.gov

THIS SPACE FOR OFFICE USE ONLY.

1. Name of the limited liability company: ARJ Infusion Services, LLC

2. Name of resident agent and address of registered office in Kansas:
Must be a Kansas street address. A.P.O. Box or Rural Route/Box is unacceptable.
Name: MARY LISA SACKUVICH
Street Address: 7930 Marshall Drive
City: Lenexa State: KS Zip: 66214

3. Mailing address:
Address will be used to send official mail from the Secretary of State's Office.
Attention Name: Andy Copeland
Address: 7930 Marshall Drive
City: Lenexa State: KS Zip: 66214 County: Johnson

4. Tax closing month:
(December is default) December

5. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct. (The signature of one or more authorized persons to form the limited liability company is required.)

Signature of Authorized Person: *Mary Lisa Sackovich*
Signature of Authorized Person:



I hereby certify this to be a true and correct copy of the original on file.
Certified on file date: *July 14, 2022*
SCOTT SCHWAB
Secretary of State *Scott Schwab*