

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM831874

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Therapeutic Pathways, Inc.		11/04/2022	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Therapeutic Pathways, LLC		
Street Address:	1100 14th Street		
City:	Modesto		
State/Country:	CALIFORNIA		
Postal Code:	95354		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	5550045	MOTIVATED BY CARING. SUPPORTED BY SCIENC	
Registration Number:	5573998	THE KENDALL CENTERS	
Registration Number:	5573997	THERAPEUTIC PATHWAYS	
CORRESPONDENCE DATA			
Fax Number:	9498519348		
<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:	949-851-0633		
Email:	sbro@mwe.com, kdelcoure@mwe.com, ipdocketorangecounty@mwe.com		
Correspondent Name:	Sarah E. Bro		
Address Line 1:	McDermott Will & Emery LLP		
Address Line 2:	18565 Jamboree Road, Suite 250		
Address Line 4:	Irvine, CALIFORNIA 92612		
ATTORNEY DOCKET NUMBER:	087664.0135		
NAME OF SUBMITTER:	Sarah E. Bro		
SIGNATURE:	/sarah e. bro/		
DATE SIGNED:	08/14/2023		
Total Attachments: 1			
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State of California Secretary of State

LLC-1A File #

For Office Use Only

-FILED-

File No.: BA20221103021

Date Filed: 11/4/2022



Limited Liability Company Articles of Organization - Conversion

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Therapeutic Pathways, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

1100 14th Street

City

Modesto

State

CA

Zip Code

95354

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

PO Box 5157

City

Modesto

State

CA

Zip Code

95352

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

CT Corporation System

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

City

State

CA

Zip Code

c. If an individual, Mailing Address of Agent for Service of Process

City

State

Zip Code

Converting Entity Information

7. Name of Converting Entity

Therapeutic Pathways, Inc.

8. Form of Entity

Corporation

9. Jurisdiction

California

10. CA Secretary of State Entity Number, if any

G2347537

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote. Common - 40,000

AND

The percentage vote required of each class. 100%

Additional Information

12. Additional Information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Signature of Authorized Person

Coleen Sparkman, President

Type or Print Name and Title of Authorized Person

Jane Howard, Secretary

Type or Print Name and Title of Authorized Person

LLC-1A (REV 03/2022)

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