

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

Assignment ID: TMI211042

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
MedAvante-Prophase, Inc.		12/07/2021	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Company Name:</b>	MedAvante-ProPhase, LLC		
<b>Street Address:</b>	212 Carnegie Center, Suite 301		
<b>City:</b>	Princeton		
<b>State/Country:</b>	NEW JERSEY		
<b>Postal Code:</b>	08540		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2830753	MEDAVANTE	
<b>Registration Number:</b>	4056624	PROPHASE	
<b>Registration Number:</b>	4730147	VIRGIL	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2123553333		
<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>	(212)813-8800		
<b>Email:</b>	TAdmin@goodwinlaw.com,sallirampersad@goodwinlaw.com		
<b>Correspondent Name:</b>	Shaleena Alli-Rampersad		
<b>Address Line 1:</b>	Goodwin Procter LLP		
<b>Address Line 2:</b>	620 Eighth Avenue		
<b>Address Line 4:</b>	New York, NEW YORK 10018		
<b>ATTORNEY DOCKET NUMBER:</b>	149347368934		
<b>NAME OF SUBMITTER:</b>	SHALEENA ALLI-RAMPERSAD		
<b>SIGNATURE:</b>	SHALEENA ALLI-RAMPERSAD		
<b>DATE SIGNED:</b>	05/03/2024		
<b>Total Attachments: 4</b>			
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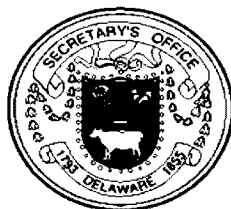
source=MedAvante - 2021-12-07 - MedAvante Prophase, Inc. Certificates of Conversion and Formation to LLC DE (2)#page4.tif


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "MEDAVANTE-PROPHASE, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "MEDAVANTE-PROPHASE, INC." TO "MEDAVANTE-PROPHASE, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF DECEMBER, A.D. 2021, AT 5:41 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3498175 8100V  
SR# 20214010018

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204899874  
Date: 12-07-21

TRADEMARK  
REEL: 008420 FRAME: 0622

**STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO  
A LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT**

1. The jurisdiction where the Corporation was first formed is Delaware.
2. The jurisdiction immediately prior to filing this Certificate is Delaware.
3. The date on which the Corporation was first formed is March 6, 2002.
4. The name of the Corporation immediately prior to filing this MedAvante-Prophase, Inc.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is MedAvante-ProPhase, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion on: December 7, 2021.

By:   
Name: Barbara J. Shander  
Title: Vice President and Secretary

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MEDAVANTE-PROPHASE, LLC" FILED IN THIS OFFICE ON THE SEVENTH DAY OF DECEMBER, A.D. 2021, AT 5:41 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3498175 8100V  
SR# 20214010018

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204899874  
Date: 12-07-21

**TRADEMARK**  
**REEL: 008420 FRAME: 0624**

**STATE OF DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE OF FORMATION  
OF  
MEDAVANTE-PROPHASE, LLC**

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the State of Delaware, hereby certifies that:

**FIRST:** The name of the limited liability company is “MedAvante-ProPhase, LLC” (the “Company”).

**SECOND:** The address of the registered office of the Company in Delaware is 251 Little Falls Drive, City of Wilmington, County of New Castle, 19808, and its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned authorized person of the Company has executed this Certificate of Formation on: December 7, 2021.

By: DocuSigned by:  
*Barbara Shander*  
B1729568B6E6C649F  
Name: Barbara J. Shander  
Title: Authorized Person