

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT2712278

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
DEPUY SPINE, INC.	12/30/2012
RECEIVING PARTY DATA	
Name:	DEPUY SPINE, LLC
Street Address:	325 PARAMOUNT DRIVE
City:	RAYNHAM
State/Country:	MASSACHUSETTS
Postal Code:	02767-0350
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	14075627
CORRESPONDENCE DATA	
Fax Number:	(617)742-4214
Phone:	617-573-4700
Email:	ipboston.docketing@nelsonmullins.com
<i>Correspondence will be sent via US Mail when the email attempt is unsuccessful.</i>	
Correspondent Name:	NELSON MULLINS RILEY & SCARBOROUGH LLP
Address Line 1:	ONE POST OFFICE SQUARE
Address Line 2:	KEVIN J. CANNING
Address Line 4:	BOSTON, MASSACHUSETTS 02109
ATTORNEY DOCKET NUMBER:	DUQ-015CN2DV
NAME OF SUBMITTER:	KEVIN J. CANNING
Signature:	/Kevin J. Canning/
Date:	02/04/2014

**Total Attachments: 6**

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**\*201235400112\***

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/19/2012	201235400112	Conversion Within SOS Records (CVS)	125.00	200.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CT CORPORATION  
4400 EASTON COMMONS WAY SUITE 125  
ATTN: JAMES H. TANKS III  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE  
Ohio Secretary of State, Jon Husted**

614043

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**DEPUY SPINE, LLC**

and, that said business records show the filing and recording of:

Document(s):

**Conversion Within SOS Records**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**201235400112**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
30th day of December, A.D. 2012.

*Jon Husted*

Ohio Secretary of State



Form 700 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[Bussarv@OhioSecretaryofState.gov](mailto:Bussarv@OhioSecretaryofState.gov)

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1)  Converting Within The Records of the Ohio  
Secretary of State

(2)  Converting Off The Records of the Ohio  
Secretary of State

(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
(Check Only (1) One Box)

- |                                                                                    |                                                                 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit) | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)             | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company              | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company               | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company             | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company              | <input type="checkbox"/> Business Trust                         |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

CLIENT SERVICE CENTER

2012 DEC 18 PM 4: 11

RECEIVED  
SECRETARY OF STATE

COPY

FILE THIRD

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

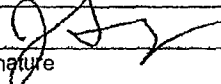
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**  
Must be signed by an  
authorized representative.

  
Signature

By (if applicable)

John F. Sharkey  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

**AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES**

DePuy Spine, Inc.

Exact Name of Corporation

If a foreign or domestic corporation licensed to transact business in Ohio is a converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Code, unless the converted new entity is a corporation licensed in Ohio.

<b>Agency</b> Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	<b>Date Notified</b> 12/7/12	<b>Agency</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319	<b>Date Notified</b> 12/7/12
		<b>Overnight:</b> P.O. Box 182413 Columbus, OH 43218-2413	<b>Regular:</b> P.O. Box 182413 Columbus, OH 43218-2413
<b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	<b>Date Notified</b> 12/7/12	<b>Treasurer</b> The treasurer of any county in which the corporation has personal property:	<b>Date Notified</b>
		Cuyahoga County	12/7/12

**Note:** This affidavit must be signed by one or more persons executing the certificate of conversion or by an officer of the corporation.

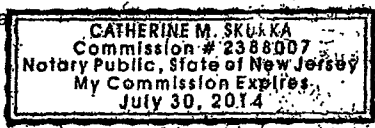
Signature  Title Assistant Secretary

John F. Sharkey  
Name

One Johnson & Johnson Plaza  
Mailing Address

New Brunswick City NJ State 08933 Zip Code

Acknowledged before me and subscribed in my presence on Dec 7, 2012 Date

See  Commission Expires 7/30/2014 Date  
Catherine M. Skukka Notary Public

AFFIDAVIT OF PERSONAL PROPERTY

State of New Jersey

County of Middlesex SS:

John F. Sharkey  
Name of Officer

Assistant Secretary  
Title of Officer

of DePuy Spine, Inc.  
Name of Corporation

and that this affidavit is made in compliance with Section 1701.811(B)(4) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

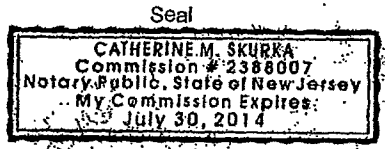
Cuyahoga County                                                  

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: *JAS*

Title: Assistant Secretary

Acknowledged before me and subscribed in my presence on Date Dec. 7, 2012



*Catherine M Skurka*  
Notary Public

Expiration date of Notary Public's Commission Date 7/30/14