PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2912766

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
SEQUENCE:	1

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
Patent Number:	8241294

CORRESPONDENCE DATA

Fax Number: (617)310-9000

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.

Email: cgardner@nutter.com
Correspondent Name: RONALD E. CAHILL
Address Line 1: NUTTER MCCLENNEN & FISH LLP
Address Line 2: 155 SEAPORT BLVD
Address Line 4: BOSTON, MASSACHUSETTS 02210

ATTORNEY DOCKET NUMBER:	101896-1666
NAME OF SUBMITTER:	RONALD E. CAHILL
SIGNATURE:	/Ronald E. Cahill/
DATE SIGNED:	06/25/2014

Total Attachments: 9
source=Spine Inc to Spine LLC#page1.tif
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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):	Document No(s):
Conversion Within SOS Records CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.	**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
Busserv@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: DePuy Spine, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 614043

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

- ☒ Domestic Corporation (For-Profit or Nonprofit)
- ☐ Foreign Corporation (For-Profit or Nonprofit)
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership
- ☐ 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.

RECEIVED
SECRETARY OF STATE
2012 DEC 18 PM 4:11
CLIENT SERVICE CENTER

COPY

FILE THIRD

Name of the converted entity: DePuy Spine, LLC

Jurisdiction of Formation: Ohio

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

- ☐ Domestic Corporation (For-Profit or Nonprofit)
- ☐ Foreign Corporation (For-Profit or Nonprofit)
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership
- ☐ Business Trust

Effective Date **(Optional)**: December 30, 2012 **(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.

Attn: Corporate Secretary
Name

One Johnson & Johnson Plaza
Mailing Address

New Brunswick | NJ | 08933
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 | Ohio | Zip Code
State

☐ **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.

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

John F. Sharkey
Name

One Johnson & Johnson Plaza
Mailing Address

New Brunswick | NJ | 08933
City | State | Zip Code

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

Seal

CATHERINE M. SKURKA
Commission # 2388007
Notary Public, State of New Jersey
My Commission Expires
July 30, 2014

[signature]
Notary Public

Commission Expires 7/30/2014
Date

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: [signature] Title: Assistant Secretary

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

Seal

CATHERINE M. SKURKA
Commission # 2388007
Notary Public, State of New Jersey
My Commission Expires
July 30, 2014

[signature]
Notary Public

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

Form 533A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

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Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: DePuy Spine, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd"

Effective Date **(Optional)**: December 30, 2012 (mm/dd/yyyy)

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for **(Optional)** _____ Period of Existence

Purpose **(Optional)**

****Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

DePuy Spine, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

C T Corporation System

Name of Agent

1300 East 9th Street

Mailing Address

Cleveland | Ohio | 44114

City | State | ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

DePuy Spine, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

BAJ SA

Individual Agent's Signature / Signature on Behalf of Corporate Agent

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

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

John F. Sharkey
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name