

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3486906

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:	14605438
CORRESPONDENCE DATA	
Fax Number:	(404)645-7707
<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:	404-645-7700
Email:	jrudick@mcciplaw.com
Correspondent Name:	MEUNIER CARLIN & CURFMAN LLC
Address Line 1:	999 PEACHTREE STREET, NE
Address Line 2:	SUITE 1300
Address Line 4:	ATLANTA, GEORGIA 30309
ATTORNEY DOCKET NUMBER:	10412-005US2
NAME OF SUBMITTER:	JULIA RUDICK
SIGNATURE:	/Julia Rudick/
DATE SIGNED:	08/18/2015
Total Attachments: 6	
source=10412_005US2_DePuy_Spine_Inc_to_DePuy_Spine_LLC#page1.tif	
source=10412_005US2_DePuy_Spine_Inc_to_DePuy_Spine_LLC#page2.tif	
source=10412_005US2_DePuy_Spine_Inc_to_DePuy_Spine_LLC#page3.tif	
source=10412_005US2_DePuy_Spine_Inc_to_DePuy_Spine_LLC#page4.tif	
source=10412_005US2_DePuy_Spine_Inc_to_DePuy_Spine_LLC#page5.tif	

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

**PATENT
REEL: 036379 FRAME: 0832**



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

Jurisdiction of Formation

Charter/Registration Number

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.

CLIENT SERVICE CENTER

2012 DEC 13 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.

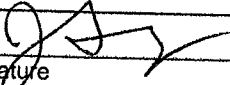
See instructions for additional filing requirements if

- (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

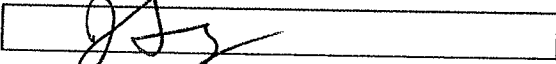
DePuy Spine, Inc.

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.

Agency Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	Date Notified 12/7/12	Agency 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	Date Notified 12/7/12 Regular: P.O. Box 182413 Columbus, OH 43218-2413
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: Cuyahoga County	Date Notified 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.

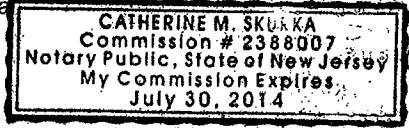
Signature  Title Assistant Secretary

John F. Sharkey
Name

One Johnson & Johnson Plaza
Mailing Address

New Brunswick City NJ 08933 State Zip Code

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

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

