

PATENT ASSIGNMENT COVER SHEET

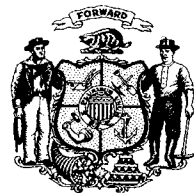
Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7659693

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
OPIS HEALTH LLC	08/28/2018
RECEIVING PARTY DATA	
Name:	MEDSENSE LLC
Street Address:	819 S FERRY DR
City:	LAKE MILLS
State/Country:	WISCONSIN
Postal Code:	53551
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16018495
CORRESPONDENCE DATA	
Fax Number:	(414)233-5000
<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:	4149785441
Email:	melissa.nace@huschblackwell.com
Correspondent Name:	HUSCH BLACKWELL LLP
Address Line 1:	511 N BROADWAY SUITE 1100
Address Line 2:	ATTN: MELISSA NACE
Address Line 4:	MILWAUKEE, WISCONSIN 53202
ATTORNEY DOCKET NUMBER:	537012-1
NAME OF SUBMITTER:	MELISSA NACE
SIGNATURE:	/Melissa Nace/
DATE SIGNED:	11/22/2022
Total Attachments: 3	
source=MEDSENSE LLC cert amend#page1.tif	
source=MEDSENSE LLC cert amend#page2.tif	
source=MEDSENSE LLC cert amend#page3.tif	

DFI/CORP/30
DOCUMENT
2022

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Jennifer Dohm, Deputy Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department.

A large, stylized handwritten signature of Jennifer Dohm.

JENNIFER DOHM, Deputy Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Date: 11/21/2022

A handwritten signature of Manuela Francavilla.

By: Manuela Francavilla



Corporations Bureau

Form 504 - Limited Liability Company Articles of Amendment

Name of Limited Liability Company

Entity Name or Entity Id: OPIS HEALTH LLC
Entity ID: T073010

Entity Name Amendment

The text of the amendment to the articles of organization amends the name of limited liability company: Yes

The Name of the LLC is amended to be: medsense LLC

Registered Agent Name Amendment

The text of the amendment to the articles of organization amends the name of the Registered Agent: No

The Registered Agent name is amended to:

Name of Entity:

Registered Agent Address Amendment

The text of the amendment to the articles of organization amends the street address of the Registered Agent. No

The Registered Agent address is amended to:

Street Address:

Address 2:

City:

State:

Zip Code:

Management Change

The text of the amendment to the articles of organization amends the management of the Limited Liability Company: No

The management of the limited liability company is: (left blank)

Adoption

Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). Yes

Drafter

This document was drafted by: Matthew Tabakin, MD

Signature

Title: Manager

Date: 08/28/2018

I understand that checking this
box constitutes a legal
signature: Yes

Signatory's Name: Matthew Tabakin, MD

Delayed Effective Date (Optional)

This document will be effective on the date it is received by the department
unless a delayed (future) date is included here.

(Optional) This document has a 08/28/2018
delayed effective date of:

Contact Information (Optional)

Name: Matthew Tabakin

Address: 845 Bellevue PL E, Apt 206

City: Seattle

State: WA

Zip Code: 98102

Phone Number: 2628530330

Email Address: tabakinmatt@gmail.com

Endorsement

FILED

Received Date: 08/28/2018