PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT8178165

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

CONVEYING PARTY DATA

Name	Execution Date
PATIENTSLIKEME INC.	06/17/2019

RECEIVING PARTY DATA

Name:	PATIENTSLIKEME LLC
Street Address:	160 SECOND STREET
City:	CAMBRIDGE
State/Country:	MASSACHUSETTS
Postal Code:	02142

PROPERTY NUMBERS Total: 2

Property Type	Number
Application Number:	12251031
Application Number:	13446797

CORRESPONDENCE DATA

Fax Number:

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.

Phone: (617)310-6000
Email: bosipmail@gtlaw.com, alex.smith@gtlaw.com
Correspondent Name: DAVID J. DYKEMAN
Address Line 1: GREENBERG TRAURIG, LLP
Address Line 2: ONE INTERNATIONAL PLACE, SUITE 2000
Address Line 4: BOSTON, MASSACHUSETTS 02110

NAME OF SUBMITTER:	DAVID J. DYKEMAN
SIGNATURE:	/DAVID J. DYKEMAN/
DATE SIGNED:	09/20/2023

Total Attachments: 3
source=Entity Name Change#page1.tif
source=Entity Name Change#page2.tif
source=Entity Name Change#page3.tif

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:05 AM 06/17/2019
FILED 10:05 AM 06/17/2019
SR 20195466709 - File Number 3876572

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

1.) The jurisdiction where the Corporation first formed is Delaware.

2.) The jurisdiction immediately prior to filing this Certificate is Delaware.

3.) The date the corporation first formed is December 16, 2004.

4.) The name of the Corporation immediately prior to filing this Certificate is PatientsLikeMe Inc.

5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is PatientsLikeMe LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17th day of June, A.D. 2019.

By: _____
Authorized Person

Name: Benjamin Heywood
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:05 AM 06/17/2019
FILED 10:05 AM 06/17/2019
SR 20195466709 - File Number 3876672

CERTIFICATE OF FORMATION

OF

PATIENTSLIKEME LLC

June 17, 2019

The undersigned, being an authorized person of PatientsLikeMe LLC, and desiring to form a limited liability company under the Delaware Limited Liability Company Act, Chapter 18, Title 6, Delaware Code, Section 18-101 et seq. (the "Act"), hereby certifies pursuant to Section 18-201(a) of the Act, as follows:

1. Name of Limited Liability Company. The name of the limited liability company (the "Company") is: PatientsLikeMe LLC.

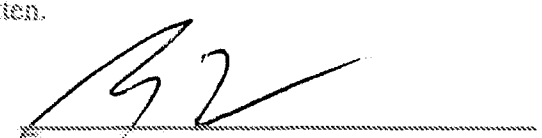
2. Address of Registered Office. The address of the registered office of the Company in the State of Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle 19801, and its registered agent at such address is: The Corporation Trust Company.

3. Name and Address of Registered Agent. The name and address of the registered agent for service of process on the Company in the State of Delaware is: 1209 Orange Street, in the City of Wilmington, County of New Castle 19801, and its registered agent at such address is: The Corporation Trust Company.

This Certificate of Formation was duly executed in accordance with and is being filed pursuant to the provisions of Section 18-201 of the Act.

[*Remainder of this page intentionally left blank*]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of PatientsLikeMe LLC as of the date first above written.

By: 
Name: Benjamin Heywood
Title: Authorized Person

[Signature Page to Certificate of Formation of PatientsLikeMe LLC]