

900467948 09/28/2018

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM491846

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

CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MEDIQUANT-PRO, LLC		09/13/2018	Corporation: OHIO

RECEIVING PARTY DATA	
Name:	MediQuant, LLC <i>Limited Liability Company: OHIO</i>
Street Address:	6900 S. Edgerton Road
Internal Address:	Suite 100
City:	Brecksville
State/Country:	OHIO
Postal Code:	44141
Entity Type:	Limited Liability Company: OHIO

PROPERTY NUMBERS Total: 11		
Property Type	Number	Word Mark
Registration Number:	3872149	DATAARK
Registration Number:	3882227	MEDIQUANT
Registration Number:	4362602	DATA RETENTION ROADMAP
Registration Number:	4566701	FIRSTCOMPLY
Registration Number:	4566747	ACCURULES
Registration Number:	4770151	EXTRACT UNIVERSITY
Serial Number:	87232382	OPENARK
Serial Number:	87452827	COMMONARK
Registration Number:	5461014	HEALTH DATA STEWARDSHIP
Registration Number:	5535151	ARKLOAD
Registration Number:	5565977	ARKPATH

CH \$290.00 3872149

CORRESPONDENCE DATA	
Fax Number:	6172359493
<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:	650-617-4096
Email:	USTrademarkMail@ropesgray.com
Correspondent Name:	Georgina Suzuki, Ropes & Gray LLP
Address Line 1:	1900 University Avenue

Address Line 2: 6th Floor
Address Line 4: East Palo Alto, CALIFORNIA 94303

ATTORNEY DOCKET NUMBER:	112273-0011
NAME OF SUBMITTER:	Georgina Suzuki
SIGNATURE:	/Georgina Suzuki/
DATE SIGNED:	09/28/2018

Total Attachments: 4
source=MediQuant, LLC name change#page1.tif
source=MediQuant, LLC name change#page2.tif
source=MediQuant, LLC name change#page3.tif
source=MediQuant, LLC name change#page4.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/13/2018	201825601466	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	300.00	0.00	5.00

Receipt

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

CT CORPORATION SYSTEM - JAMES H TANKS III
4400 EASTON COMMONS WAY SUITE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
4178821

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

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

Document(s)
LIMITED LIABILITY COMPANY - AMENDMENT
Effective Date: 09/13/2018

Document No(s):
201825601466



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
13th day of September, A.D. 2018.

Jon Husted
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 468-3910
www.OhioSecretaryofState.gov
bussorv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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 1300
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

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

This limited liability company shall exist for a period of:

Period of Existence

Purpose

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

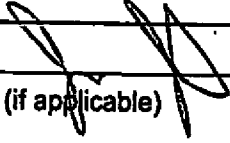
Must be signed by a member, manager or other representative.

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.

MediQuant Holdings, LLC - Member

Signature



By (if applicable)

James Jacobs

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

#4178821

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 3 pages, as taken from the original record now in my official custody as Secretary of State.



WITNESS my hand and official seal at Columbus, Ohio, this 13 day of Sept., 2018 A.D.

Jon Husted

JON HUSTED
Secretary of State

By: alo

NOTICE: This is an official certification only when reproduced in red ink