# OP \$190.00 4922168

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM470902

| SUBMISSION TYPE:      | NEW ASSIGNMENT                                     |
|-----------------------|--|
| NATURE OF CONVEYANCE: | Notice of Grant of Security Interest in Trademarks |

#### **CONVEYING PARTY DATA**

| Name                   | Formerly | Execution Date | Entity Type                        |
|------------------------|----------|----------------|------------------------------------|
| Guardian Pharmacy, LLC |          | 04/23/2018     | Limited Liability Company: INDIANA |

#### **RECEIVING PARTY DATA**

| Name:           | Regions Bank, as Agent           |
|-----------------|----------------------------------|
| Street Address: | 150 4th Avenue North, 10th Floor |
| City:           | Nashville                        |
| State/Country:  | TENNESSEE                        |
| Postal Code:    | 37219                            |
| Entity Type:    | Corporation: GEORGIA             |

#### **PROPERTY NUMBERS Total: 7**

| Property Type        | Number   | Word Mark                                |
|----------------------|----------|--|
| Registration Number: | 4922168  | GUARDIAN PHARMACY                        |
| Registration Number: | 4922167  | GUARDIAN PHARMACY                        |
| Registration Number: | 4922166  | GUARDIAN PHARMACY                        |
| Registration Number: | 4922165  | GUARDIAN PHARMACY                        |
| Registration Number: | 3046635  | GUARDIAN PHARMACY                        |
| Serial Number:       | 87590121 | TRUST US TO BE YOUR GUARDIAN             |
| Serial Number:       | 87503172 | THEY TRUST YOU TO BE THEIR GUARDIAN. YOU |

#### CORRESPONDENCE DATA

**Fax Number:** 9192868199

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:** 9192868000

Email: PTO TMconfirmation@mvalaw.com, amberwest@mvalaw.com

Correspondent Name: MOORE & VAN ALLEN PLLC
Address Line 1: 3015 Carrington Mill Blvd., Suite 400
Address Line 4: Morrisville, NORTH CAROLINA 27560

| ATTORNEY DOCKET NUMBER: | 029925.337       |
|-------------------------|------------------|
| NAME OF SUBMITTER:      | John Slaughter   |
| SIGNATURE:              | /john slaughter/ |

TRADEMARK REEL: 006344 FRAME: 0776

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| DATE SIGNED:  | 04/23/2018 |  |
|---|------------|--|
| Total Attachments: 4  |            |  |
| source=(2018) NGSI-T - Guardian Pharmacy, LLC to Regions Bank#page1.tif |            |  |
| source=(2018) NGSI-T - Guardian Pharmacy, LLC to Regions Bank#page2.tif |            |  |
| source=(2018) NGSI-T - Guardian Pharmacy, LLC to Regions Bank#page3.tif |            |  |
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TRADEMARK REEL: 006344 FRAME: 0777

#### NOTICE OF GRANT OF SECURITY INTEREST IN TRADEMARKS

United States Patent and Trademark Office

Ladies and Gentlemen:

Please be advised that pursuant to the Third Amended and Restated Loan and Security Agreement dated as of April 23, 2018 (as the same may be amended, modified, extended or restated from time to time, the "Agreement") by and among the Credit Parties party thereto (each a "Credit Party" and collectively, the "Credit Parties") and Regions Bank, as administrative agent and collateral agent (the "Agent") for the holders of the Obligations referenced therein, the undersigned Credit Party has granted a continuing security interest in and a right to set off against the trademarks and trademark applications shown below to the Agent for the ratable benefit of the holders of the Obligations:

#### **TRADEMARKS**

<u>Description of</u>
<u>Trademark No.</u> <u>Trademark Item</u>

**Date of Trademark** 

See <u>Schedule 1</u> attached hereto

TRADEMARK APPLICATIONS

Trademark Applications No.

Description of <u>Trademark Applied for</u> Date of Trademark Applications

See Schedule 1 attached hereto

[signature pages follow]

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TRADEMARK
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The undersigned Credit Party and the Agent, on behalf of the holders of the Obligations, hereby acknowledge and agree that the security interest in the foregoing trademarks and trademark applications (i) may only be terminated in accordance with the terms of the Agreement and (ii) is not to be construed as an assignment of any trademark or trademark application.

Very truly yours,

GUARDIAN PHARMACY, LLC, an Indiana limited liability company

By: Name:\_

Title:\_

Guardian Pharmacy, LLC 171 17th Street NW, Suite 1400 Atlanta, GA 30363

Fax: (404) 810-0094

Acknowledged and Accepted:

REGIONS BANK, as Agent

By: Name: Ned Spitzer

Title: Managing Director

GUARDIAN PHARMACY, LLC TRADEMARK NOTICE

TRADEMARK REEL: 006344 FRAME: 0780

## Schedule 1

# Guardian Pharmacy, LLC (Indiana Limited Liability Company)

## U.S. Trademarks

# **Trademark Registrations**

| Mark                         | Reg. No. | Reg. Date |
|------------------------------|----------|-----------|
| GUARDIAN PHARMACY and Design | 4922168  | 03/22/16  |
| GUARDIAN PHARMACY and Design | 4922167  | 03/22/16  |
| GUARDIAN PHARMACY            | 4922166  | 03/22/16  |
| GUARDIAN PHARMACY            | 4922165  | 03/22/16  |
| GUARDIAN PHARMACY            | 3046635  | 01/17/06  |

# **Trademark Applications**

| Mark                                     | Appl. No. | Filing Date |
|--|-----------|-------------|
| TRUST US TO BE YOUR GUARDIAN.            | 87590121  | 08/30/17    |
| THEY TRUST YOU TO BE THEIR GUARDIAN. YOU | 87503172  | 06/23/17    |
| CAN TRUST US TO BE THEIRS.               |           |             |

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**RECORDED: 04/23/2018** 

TRADEMARK REEL: 006344 FRAME: 0781