

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM567911

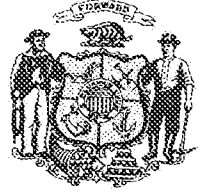
SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DOHMEN LIFE SCIENCE SERVICES, LLC		01/01/2019	Limited Liability Company: WISCONSIN
RECEIVING PARTY DATA			
Name:	Eversana Life Science Services, LLC		
Street Address:	190 N Milwaukee St		
City:	Milwaukee		
State/Country:	WISCONSIN		
Postal Code:	53202		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 10			
Property Type	Number	Word Mark	
Registration Number:	4726332	DOHMEN LIFE SCIENCE SERVICES	
Registration Number:	4884270	DOHMEN LIFE SCIENCE SERVICES	
Registration Number:	4722420	DOHMEN LIFE SCIENCE SERVICES	
Registration Number:	3116532	CENTRIC	
Registration Number:	2694490	DDN	
Registration Number:	4884271	DOHMEN LIFE SCIENCE SERVICES	
Registration Number:	3263440	PATIENT CENTERED HEALTH MANAGEMENT	
Registration Number:	2775295	R	
Registration Number:	2764050	REGLERA	
Registration Number:	5887908	CENTRIC HEALTH RESOURCES	
CORRESPONDENCE DATA			
Fax Number:			
<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:	612-225-2950		
Email:	IPGroupMailbox@saul.com		
Correspondent Name:	Leah Leyendecker		
Address Line 1:	33 South 6th Street, Suite 4750		
Address Line 4:	Minneapolis, MINNESOTA 55402		

OP \$265.00 4726332

NAME OF SUBMITTER:	Leah Leyendecker
SIGNATURE:	/Leah Leyendecker/
DATE SIGNED:	03/19/2020
Total Attachments: 3 source=36729979_1#page1.tif source=36729979_1#page2.tif source=36729979_1#page3.tif	

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DOCUMENT
2011

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, 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 handwritten signature in cursive script that reads 'Mary Ann McCoshen'.

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DATE: 3/8/2019

BY:

A handwritten signature in cursive script that reads 'R. Reeves'.

R. Reeves



Corporations Bureau

Form 504 - Limited Liability Company Articles of Amendment

Name of Limited Liability Company

Entity Name or Entity Id: DOHMEN LIFE SCIENCE SERVICES, LLC
Entity ID: D025362

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: Eversana Life Science Services, 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: Franco Spraggins, Esq.

Signature

Title: Member

Date: 10/19/2018

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

Signatory's Name: Jim Lang, Chief Executive Officer of member

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 delayed effective date of: 01/01/2019

Contact Information (Optional)

Name: Kelly Teelin, Paralegal

Address: Michael Best & Friedrich LLP, PO Box 1806

City: Madison

State: WI

Zip Code: 53701

Phone Number: 608-257-3501

Email Address: kateelin@michaelbest.com

Endorsement

FILED

Received Date: 10/25/2018