

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM679116

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
RGH Enterprises, Inc.		10/01/2021	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	RGH Enterprises, LLC		
Street Address:	7000 Cardinal Place		
City:	Dublin		
State/Country:	OHIO		
Postal Code:	43017		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 22			
Property Type	Number	Word Mark	
Registration Number:	4601974	CONTINUCARE	
Registration Number:	5420170	DOCTORSORDERS	
Registration Number:	1775606	EDGE PARK	
Registration Number:	2745852	EDGE PARK	
Registration Number:	3355870	EDGE PARK MEDICAL SUPPLIES	
Registration Number:	5454993	EPWO	
Registration Number:	6160494	ETRACKING	
Registration Number:	3075565	HOME HEALTHCARE SOLUTIONS	
Registration Number:	2522311	IM	
Registration Number:	2522296	INDEPENDENCE	
Registration Number:	2546761	INDEPENDENCE MEDICAL	
Registration Number:	5203456	LASCI	
Registration Number:	5203457	LASCI	
Registration Number:	3219346	LIBERTY	
Registration Number:	3240153	LIBERTY	
Registration Number:	3092188	LIBERTY	
Registration Number:	4266038	LIBERTY	
Registration Number:	3861751	MEDCONNECT	
Registration Number:	3950936	MOBILE SUPPLY CLOSET	

OP \$565.00 4601974

Property Type	Number	Word Mark
Registration Number:	3176139	RELIAMED
Registration Number:	3317147	RELIAMED
Registration Number:	2737930	WE DELIVER BETTER HEALTH

CORRESPONDENCE DATA

Fax Number: 2028576395
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: 2028576000
Email: tmdocket@arentfox.com
Correspondent Name: N. Christopher Norton, Arent Fox LLP
Address Line 1: 1717 K Street, NW
Address Line 4: Washington, D.C. 20006

ATTORNEY DOCKET NUMBER:	029714.05619
NAME OF SUBMITTER:	Diana S. Bae
SIGNATURE:	/diana s. bae/
DATE SIGNED:	10/05/2021

Total Attachments: 10
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose

770802

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

RGH ENTERPRISES, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

202126502216



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
22nd day of September, A.D. 2021.

Frank LaRose
Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

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 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) [X] Converting Within The Records of the Ohio Secretary of State

(2) [] Converting Off The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.
Jurisdiction of Formation: Ohio
Charter/Registration Number: 770802
The converting entity is a:
[X] Domestic For-Profit Corporation
[] Partnership
[] Domestic Limited Partnership
[] Foreign Nonprofit Corporation
[] Foreign Limited Partnership
[] Domestic Limited Liability Partnership
[] Foreign Limited Liability Partnership
[] Domestic Nonprofit Corporation
[] Foreign Nonprofit Limited Liability Company
[] Domestic Nonprofit Limited Liability Company
[] Foreign For-Profit Corporation
[] Domestic For-Profit Limited Liability Company
[] Foreign For-Profit Limited Liability Company
The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic For-Profit Corporation

Domestic Professional Association

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

Domestic Nonprofit Limited Liability Company

Foreign Nonprofit Limited Liability Company

Domestic For-Profit Limited Liability Company

Foreign For-Profit Limited Liability Company

Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

(Optional)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,

(2) the converted entity is a foreign entity that desires to transact business in Ohio; or

(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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 an authorized representative.


OHIO SECRETARY OF STATE

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 07/31/2021</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY) 7/31/2021</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) 07/07/2021</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title Secretary

John Tufano
Name

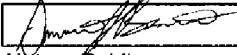
7000 Cardinal Place
Mailing Address

Dublin City Ohio State 43017 ZIP Code

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021



SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021


Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature
John Tufano Sep 15 7:21 18:25 EDT

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY)

Aug 24 2021 10:50AM HP Fax

page 1



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-896-4422
Fax: 1-208-984-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

Form Name: Tax Release Notice Response

Form 533A Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mall this form to one of the following:
Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

2021 SEP 22 AM 11:35

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
 For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
 Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company
(Name must include one of the following words or abbreviations:
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY) (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for
Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

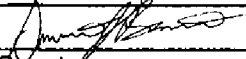
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.


Signature

Allegiance Corporation, Sole Member
By (if applicable)

Samantha Bourdette, Assistant Secretary
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name