DOC ID ----> 201710704144

DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
04/18/2017	201710704144	SERVICE MARK REGISTRATION (SMO)	125.00	0.00	0.00	0.00	0.00

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BRICKER & ECKLER LLP
ATTN: CHRISTINA MILLER
100 S. THIRD ST.
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

4018668

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

THE WORDS "PHYSICIANS CARECONNECTIONS"

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

Document(s)	Document No(s):
SERVICE MARK REGISTRATION	**201710704144**

Effective Date: 04/17/2017

Class	44
Registrant's State of Inc.:	OH
Date of First Use:	11/18/2011
Date of First Use in Ohio:	12/31/2011
Expiration Date:	04/17/2027

PHYSICIANS CARECONNECTION
1390 DUBLIN ROAD
COLUMBUS, OH 43215

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 18th day of April, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201710704144

Form 555 Prescribed by:

JON HUSTED
Ohio Secretary of State

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
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Mail this form to one of the following:

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P.O. Box 1329
Columbus, OH 43216

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Trademark and Service Mark Application

Filing Fee $125.00
(174-TSMO)
Form Must Be Typed

RECEIVED
APR 17 2017
SECRETARY OF STATE

Name of Applicant Physicians CareConnection

If the applicant is a corporation, partnership, limited partnership or limited liability company, please provide the jurisdiction of formation.

Ohio
Jurisdiction of Formation

If the applicant is a partnership or limited partnership, please provide the names of all general partners:

Name(s)

Business address of applicant.

Mailing Address 1390 Dublin Road

City Columbus State Ohio ZIP Code 43215

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Describe the mark. The description you provide is the way the mark will be recorded on our database.

The words "PHYSICIANS CARECONNECTION". No claim is made to the exclusive right to use PHYSICIANS apart from the mark as shown.

Describe the goods or services used in connection with the mark.

Volunteer network of healthcare providers

The class in which the goods or services fall (see list following form.) 44

Describe mode or manner in which the mark is used on or in connection with the goods or services.

Website, letterhead, signage, brochures, and in other ways customary in the Industry

The mark has been used in business by the applicant (or predecessor) since 11/18/2011
Date

and used in Ohio since 12/31/2011
Date

The applicant is the owner of the mark, the mark is in use, and to the knowledge of the person verifying the application, no other person has the right to use the mark in Ohio either in the identical form of the mark, or in near resemblance to the mark, as to be likely, when used on or in connection with the goods or services of another person, to cause confusion or mistake or to deceive.

To the knowledge of the person verifying the application, no other person has a registration or a pending intent to use application of the same or a confusingly similar mark in the United States Patent and Trademark office for the same or similar goods or services.

○ Applicant is the owner **OR** ◉ Applicant is NOT the owner of a concurrent registration in the United States Patent and Trademark office of the applicant's mark covering an area including Ohio.

A specimen of the mark which shows the mark in use is attached to the application.

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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 the applicant or an authorized representative of the applicant.

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.

PHYSICIANS CARECONNECTION
Signature

By (if applicable)

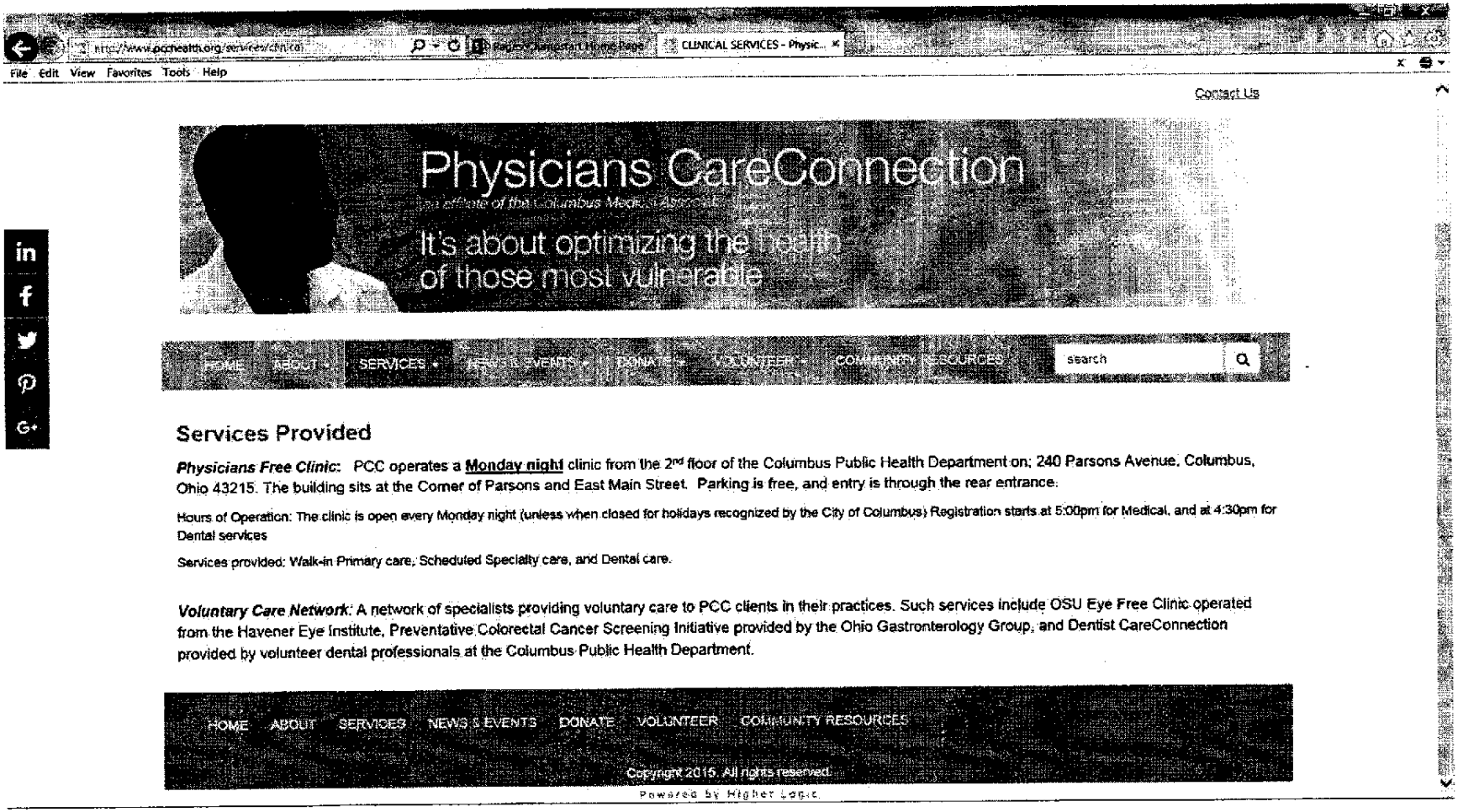
Robert Falcone
Print Name

Signature

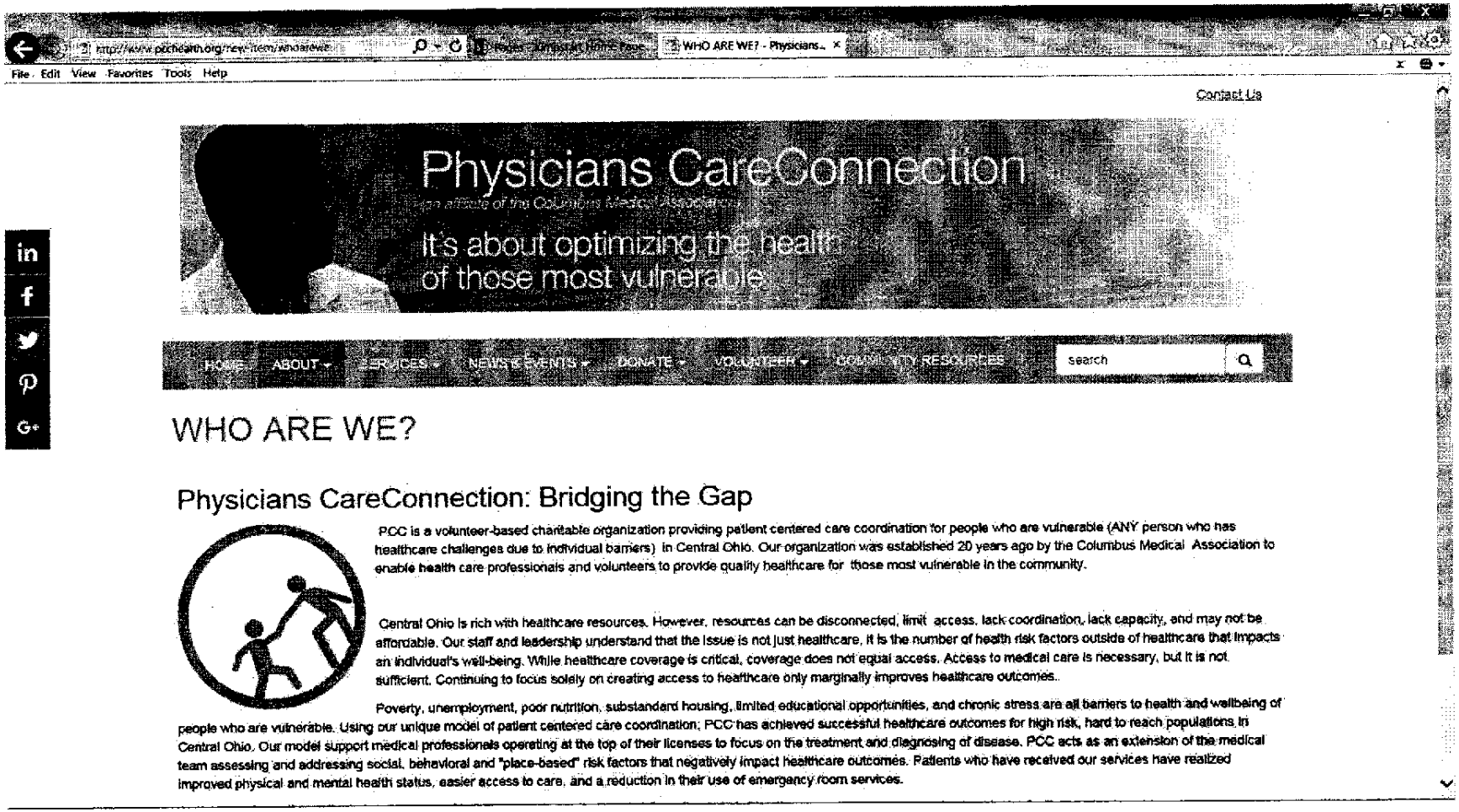
By (if applicable)

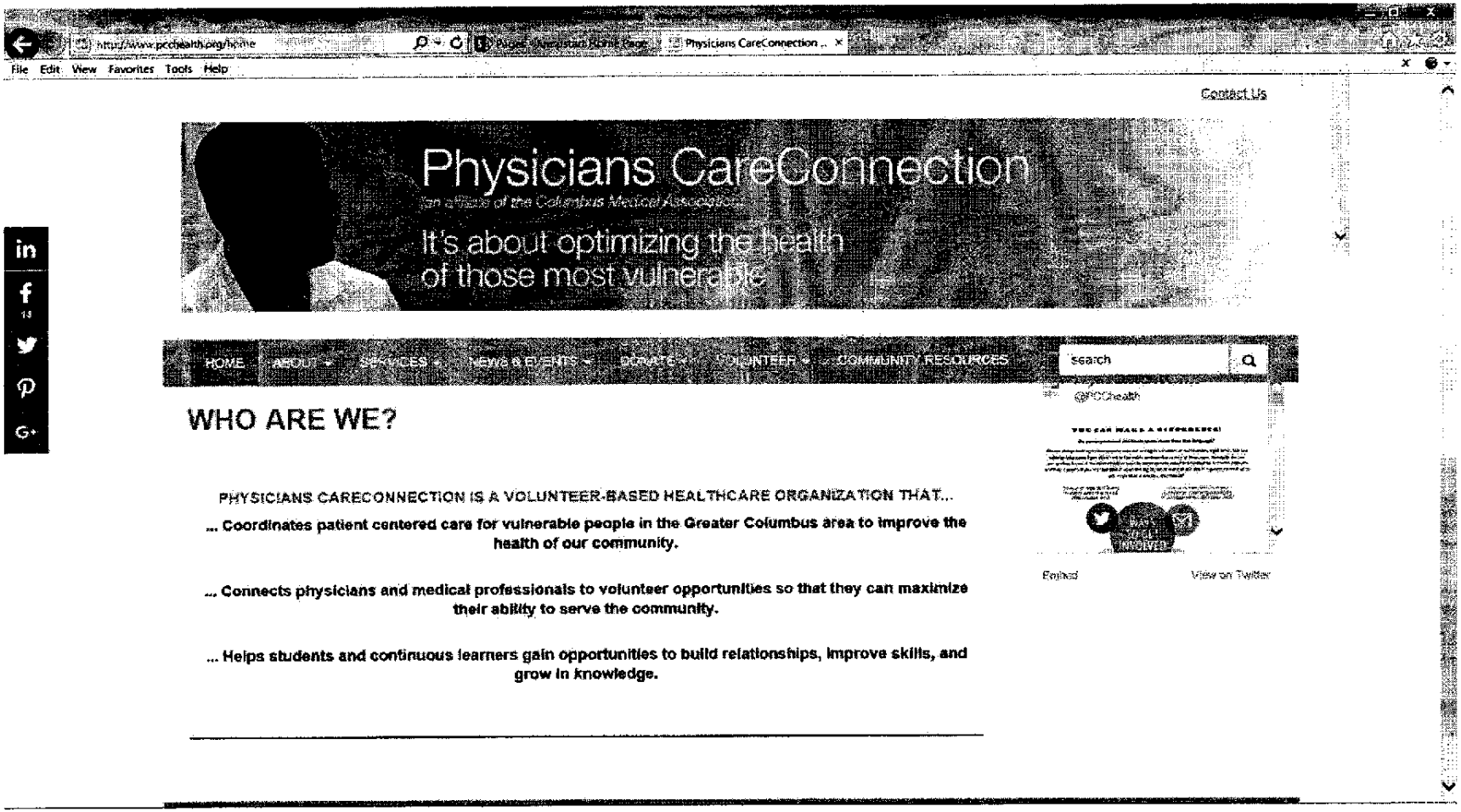
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