

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Zoaport Animal Health, LLC		06/05/2006	LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	Firehouse Ventures, LLC		
Street Address:	1038 East 6th Avenue		
Internal Address:	Unit B		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80218		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	78865498	FIRE HOUSE	
Serial Number:	78775240	PET PLEX	
CORRESPONDENCE DATA			
Fax Number:	(202)861-1783		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	202-861-1500		
Email:	trademarks@bakerlaw.com		
Correspondent Name:	Katrina Edge		
Address Line 1:	1050 Connecticut Avenue NW		
Address Line 2:	Washington Square, Suite 1100		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20036		
ATTORNEY DOCKET NUMBER:	39976.00007		
NAME OF SUBMITTER:	Katrina Edge		

CH \$65.00 78865498

Signature:

/kedge/

Date:

09/24/2007

Total Attachments: 2

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Colorado Secretary of State
 Date and Time: 06/05/2006 10:51 AM
 Id Number: 20041178800
 Document number: 20061227560

Document processing fee
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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20041178800

1. Entity name: ZOAPORT ANIMAL HEALTH, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: Firehouse Ventures, LLC
 (if applicable)

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. *(Optional)* Delayed effective date: _____
(mm/dd/yyyy)

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Romer	Thomas	B.	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
303 E. 17th Ave. - Ste. 1100			
<small>(Street name and number or Post Office Box information)</small>			
Baker Hostetler			
Denver	CO	80203	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
	United States		
<small>(Province - if applicable)</small>	<small>(Country - if not US)</small>		

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