TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	05/30/2008

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
The Boppy Company		05/30/2008	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	BAS, LLC
Street Address:	560 Golden Ridge Road, Suite 150
City:	Golden
State/Country:	COLORADO
Postal Code:	80401
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	77463311	SOOTHE IN COMFORT
Serial Number:	77463323	HAPPY PLACE

CORRESPONDENCE DATA

Fax Number: (720)746-3838
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 7207463852
Email: cindirapp@boppy.com
Correspondent Name: The Boppy Company
Address Line 1: 560 Golden Ridge Road, Suite 150
Address Line 4: Golden, COLORADO 80401

ATTORNEY DOCKET NUMBER:	64US, 65US
NAME OF SUBMITTER:	Kathrine Jansen
Signature:	/kj/

OP $65.00 77463311

Date:	09/09/2008

Total Attachments: 5
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$ 300.00
SECRETARY OF STATE
05-30-2008 07:36:27

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Domestic Entity)
filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number: 19891005534
(Colorado Secretary of State ID number)

Entity name or true name: The Boppy Company

Form of entity: Corporation

Jurisdiction: Colorado

Street address: 560 Golden Ridge Road, Suite 150
(Street number and name)

Golden *(City)* CO *(State)* 80401 *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

ID Number
(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

TRADEMARK
REEL: 003849 FRAME: 0197

Jurisdiction _____

Street address _____
(Street number and name)

_____

_____ _____ _____
(City) *(State)* *(ZIP/Postal Code)*

_____ _____
(Province – if applicable) *(Country)*

Mailing address _____
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

_____

_____ _____ _____
(City) *(State)* *(ZIP/Postal Code)*

_____ _____
(Province – if applicable) *(Country)*

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address _____
(Street number and name)

_____

_____ _____ _____
(City) *(State)* *(ZIP/Postal Code)*

_____ _____
(Province – if applicable) *(Country)*

Mailing address _____
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

_____

_____ _____ _____
(City) *(State)* *(ZIP/Postal Code)*

_____ _____
(Province – if applicable) *(Country)*

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

TRADEMARK
REEL: 003849 FRAME: 0198

ID Number 20081184283
(Colorado Secretary of State ID number)

Entity name or true name BAS, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Street address 560 Golden Ridge Road, Suite 150
(Street number and name)

Golden *(City)* CO *(State)* 80401 *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

Mailing address
(**leave blank** if same as street address) *(Street number and name or Post Office Box information)*

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

3. Each merging entity has been merged into the surviving entity.

4. *(If the following statement applies, adopt the statement by marking the box.)*

☐ The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

☐ One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

☐ This document contains additional information as provided by law.

7. ***(Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____.
(mm/dd/yyyy hour:minute am/pm)

TRADEMARK
REEL: 003849 FRAME: 0199

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Boonstra (Last) Brian (First) (Middle) (Suffix)

1550 17th Street, Suite 500
(Street number and name or Post Office Box information)

Denver (City) CO (State) 80202 (ZIP/Postal Code)

(Province – if applicable) (Country)

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

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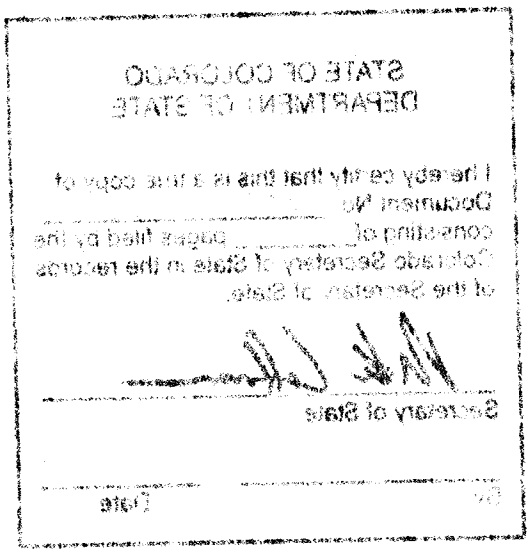

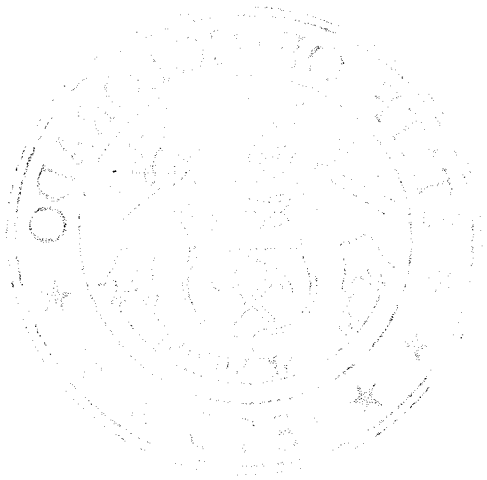

TRADEMARK
REEL: 003849 FRAME: 0200

STATE OF COLORADO
DEPARTMENT OF STATE

I hereby certify that this is a true copy of Document No. 2008/292446 consisting of 4 pages filed by the Colorado Secretary of State in the records of the Secretary of State.

Mike Coffman
Secretary of State

Carolyn Snook 06/24/2008
By Date