TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Statement of Conversion

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Aspen Veterinary Resources, Ltd.		09/30/2010	LIMITED PARTNERSHIP: COLORADO

RECEIVING PARTY DATA

Name:	Aspen Veterinary Resources, Ltd.
Street Address:	822 7th Street
Internal Address:	Suite 740
City:	Greeley
State/Country:	COLORADO
Postal Code:	80631
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO

PROPERTY NUMBERS Total: 28

Property Type	Number	Word Mark
Registration Number:	3851539	ACTI-CHAR
Registration Number:	1970398	ASPEN
Registration Number:	1970550	ASPEN
Registration Number:	1988928	ASPEN
Registration Number:	2854780	ASPEN DAIRY SOLUTIONS QUALITY MILK CONTROL
Registration Number:	1970399	ASPEN VETERINARY RESOURCES
Registration Number:	2267355	BACTRASAN
Serial Number:	77485493	CEFBIOTIC
Registration Number:	3432080	COCCISTOP SOLUTIONS
Registration Number:	2493557	COMPANIONVAC
Registration Number:	2057457	CONQUEST
Registration Number:	1996889	COOPER'S BEST
Registration Number:	3412439	ENDO-MECTIN

CH $715.00 3851539

Registration Number:	2274165	ENER-LYTE
Registration Number:	3791503	EQUISTRENGTH
Registration Number:	2633042	ESSENTIAL-AD
Serial Number:	85104813	FLEXWRAP
Registration Number:	3551479	IVERCHOICE
Registration Number:	3819198	LIBERTY DAIRY SOLUTIONS
Registration Number:	3432329	LIQUISOOTHE
Registration Number:	3804603	MILK FEVER CP
Registration Number:	3432081	MOR-MAX
Registration Number:	3130806	QUIET DOWN
Registration Number:	3810843	TERRA-VET
Registration Number:	2843766	THRUSHTOX
Registration Number:	2513254	TITERVAC
Registration Number:	3375169	VETAMEG
Registration Number:	3074586	WORKOUT

CORRESPONDENCE DATA

Fax Number: (216)696-0740

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 216-861-7659

Email: clevelandip@bakerlaw.com

Correspondent Name: Melanie S. Corcoran

Address Line 1: 1900 East 9th Street

Address Line 2: Suite 3200

Address Line 4: Cleveland, OHIO 44114

ATTORNEY DOCKET NUMBER:	LEXTRON
NAME OF SUBMITTER:	Melanie S. Corcoran
Signature:	/Melanie S. Corcoran/
Date:	01/29/2011

Total Attachments: 5

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Colorado Secretary of State
Date and Time: 09/29/2010 02:08 PM
ID Number: 19941035188
Document number: 20101538721
Amount Paid: $100.00

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Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting 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: 19941035188
(Colorado Secretary of State ID number)

Entity name or true name: ASPEN VETERINARY RESOURCES, LTD.

Form of entity: Limited Partnership

Jurisdiction: Colorado

Street address: 822 7th St.
(Street number and name)
Suite 740
Greeley *(City)* CO *(State)* 80631 *(ZIP/Postal Code)*
(Province – if applicable) United States *(Country)*

Mailing address
(**leave blank** if same as street address)
PO Box 1240
(Street number and name or Post Office Box information)
Greeley *(City)* CO *(State)* 80632-1240 *(ZIP/Postal Code)*
(Province – if applicable) United States *(Country)*.

2. The entity name of the resulting entity is ASPEN VETERINARY RESOURCES, LTD.
*(**Caution:** The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*
☐ This document contains additional information as provided by law.

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5. *(**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 09/30/2010 08:00 AM.
(mm/dd/yyyy hour:minute am/pm)

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

FUNK (*Last*) JOEL (*First*) M (*Middle*) (*Suffix*)

215 W OAK STREET
(Street number and name or Post Office Box information)

10TH FLOOR

FORT COLLINS (*City*) CO (*State*) 80521 (*ZIP/Postal Code*)

(*Province – if applicable*) United States (*Country*).

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

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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is
ASPEN VETERINARY RESOURCES, LTD.

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

*(**Caution:** The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited liability company's initial principal office is

Street address
822 7th St.
(Street number and name)
Suite 740
Greeley — CO — 80631
(City) *(State)* *(ZIP/Postal Code)*
(Province – if applicable) United States *(Country)*

Mailing address
(**leave blank** if same as street address)
PO Box 1240
(Street number and name or Post Office Box information)
Greeley — CO — 80632-1240
(City) *(State)* *(ZIP/Postal Code)*
(Province – if applicable) United States *(Country)*

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name
(if an individual)
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity) National Registered Agents, Inc.
*(**Caution:** Do not provide both an individual and an entity name.)*

Street address
1535 Grant Street
(Street number and name)
Suite 140
Denver — CO — 80203
(City) *(State)* *(ZIP Code)*

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Mailing address
(**leave blank** if same as street address)

_____
(Street number and name or Post Office Box information)

_____

_____ CO _____.
(City) *(State)* *(ZIP Code)*

(The following statement is adopted by marking the box.)

☑ The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual)

_____ _____ _____ _____
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity) Ringenberg, Funk & Beller, P.C.

(***Caution:*** *Do not provide both an individual and an entity name.)*

Mailing address 215 W. Oak Street
(Street number and name or Post Office Box information)

10th Floor

Fort Collins CO 80521
(City) *(State)* *(ZIP/Postal Code)*

_____ United States.
(Province – if applicable) *(Country)*

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

☐ The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in
(Mark the applicable box.)

☑ one or more managers.

OR

☐ the members.

6. *(The following statement is adopted by marking the box.)*

☑ There is at least one member of the limited liability company.

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

☐ This document contains additional information as provided by law.

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(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 is/are 09/30/2010 08:00 AM.
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