OP \$640.00 2860988

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2010

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Voyager Expanded Learning Company, Inc.		12/31/2010	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Sopris West Educational Services, Inc.	
Street Address:	4093 Specialty Place	
City:	Longmont	
State/Country:	COLORADO	
Postal Code:	80504	
Entity Type:	CORPORATION: COLORADO	

PROPERTY NUMBERS Total: 25

Property Type	Number	Word Mark			
Registration Number:	2860988	EVOYAGES			
Registration Number:	3415697	EXPECT RESULTS			
Registration Number:	3706968	PASSPORT READING JOURNEYS			
Registration Number:	3197514	SOLO			
Registration Number:	3184768	STRATEGIC ONLINE LEARNING OPPORTUNITIES			
Registration Number:	3593583	TICKET TO READ			
Registration Number:	3702174	TICKET TO READ			
Registration Number:	3076517	TIMEWARP			
Registration Number:	2779424	V			
Registration Number:	2882365	V VOYAGERU			
Registration Number:	2626404	VIP			
Registration Number:	2911439	VITAL INDICATORS OF PROGRESS			
		TRADEMARK			

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Registration Number:	3113016	VMATH
Registration Number:	3778556	VMATH MATH INTERVENTION THAT WORKS VMATHLIVE
Registration Number:	3537700	VMATHLIVE
Registration Number:	3769145	VOCABJOURNEY
Registration Number:	2129258	VOYAGER EXPANDED LEARNING
Registration Number:	2590995	VOYAGER EXPANDED LEARNING
Registration Number:	3747247	VOYAGER PASAPORTE
Registration Number:	3655338	VOYAGER PASSPORT
Registration Number:	3747246	VOYAGER PASSPORT
Registration Number:	2749505	VOYAGER UNIVERSAL LITERACY SYSTEM
Registration Number:	2848412	VOYAGERU
Registration Number:	3336348	VPORT
Registration Number:	3341306	VPORT

CORRESPONDENCE DATA

Fax Number: (617)367-2988

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

Phone: 617-227-7031

Email: wstrong@kcslegal.com

Correspondent Name: William S. Strong, Esq.

Address Line 1: Kotin, Crabtree & Strong, LLP

Address Line 2: One Bowdoin Square

Address Line 4: Boston, MASSACHUSETTS 02114-2925

ATTORNEY DOCKET NUMBER:	8974.020
NAME OF SUBMITTER:	William S. Strong
Signature:	/William S. Strong/
Date:	02/12/2011

Total Attachments: 5

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

۱.	For each merging entity, its ID number under the law of which it is formed, and	r (if applicable), entity name of principal address are	or true	e name, f	orm of entity, jurisdi	ction
	ID Number	(Calorado Secretary of State ID mun	iber)			
	Entity name or true name	Voyager Expanded Learning	Comp	any, Inç.		_0
	Form of entity	Corporation		·····		#
	Jurisdiction	Delaware				
	Street address	17855 N. Dallas Parkway, Suite 400 (Street number and name)				
		Dalias (City)		TX:	75287 (ZIP/Pasial Code)	
		(Province - if applicable)		(Country)		
	Mailing address (leave blank if same as street address)	(Streët number and nam	në or Po	rst Office 3	ox-information)	
		(City)		(State)	(ZIPIPastal Code)	
		(Province - if applicable)	-	(Country)		
				i- -		
	ID Number	(Colorado Secretary of State ID num	δer)	٠		
	Entity name or true name	Cambium Learning (New Yo	rk), In	c		
	Form of entity	Corporation				_8

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Jurisdiction	Delaware	·	<u> </u>
Street address	17855 N. Dallas Parkway, Suite 400		
	(Street numb	er and name	3
	Dallas E	TX	75287
	(City)	(State) USA	(ZIP/Postal Code)
	(Province - if applicable)	(Countr	
Mailing address		D . 000	:
(leave blank if same as street address)	(Street number and name or	Posi Ojjice	: - pox injormation
	(City)	(State)	(ZIP/Postal Code)
	(Province - if applicable)	(Countr	· · · · · · · · · · · · · · · · · · ·
			•
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ID Number	(Colorado Secretary of State ID number)		
Entity name or true name			
Form of entity		 	· · · · · · · · · · · · · · · · · · ·
Jurisdiction			
Street-address			
	(Street numbe	r and name)	
•	(Cip)	(State)	(ZIP/Postal Code)
	(Province - If applicable)	(Countr	9)
Mailing address		. ,	r
(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	si)
(If the following statement applies, adopt the There are more than three mergin name, form of entity, jurisdiction each additional merging entity is.	ng entities and the TD number (if a under the law of which it is for	applicabl	e), entity name or mue
the <u>surviving</u> entity, its entity ID nustiction under the law of which it is	mber (if applicable), entity name formed, and principal address ar	or true i	ame, form of entity,
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	ID Number	19971008216				
		(Colorado Secretary of State ID numb	er)			
	Entity name or true name	Sopris West Educational Serv	ices,	lnc.		
	Form of entity	Corporation				+
	Jurisdiction	Colorado				
	Street address	4093 Specialty Place	ımber	and name		0
		Longmont	E3	CO	80504	5
		(Ciry)		(State)	(Z1P/Postul Code)	
		(Province if applicable)	US	(Country	<u> </u>	
	V4.20 11	no n 1000				
	Mailing address (leave blank if same as street address)	PO Box 1809 (Street number and nam	e or P	ast Office	Box information)	
	(100110 british in teather as the act and teathers)	120. 222 (100.)				
		Longmont	E3	CO	80502-1809	
		(Ciŋý		(State)	(ZIP:Postal Code)	
		(Province - if applicable)		SA (Country	<u></u>	
	Each merging entity has been merged in					
5.	Secretary of State for filing pursuand (If the following statement applies, adopt the statement of the merging entities)	in by marking the box and state the ap	propri desc	iate docum ribed in	a filed document in t	he
	records of the secretary of state and	the document number of each	h file	d docum	nent is	
	Document number					
	Document number					
	Document number					
	(If the following statement applies, adopt the There are more than three trad stated in an attachment.					is
6.	(If applicable, adopt the following statement by mar This document contains additional in					
7.	(Caution: <u>Leave blank</u> if the document does ne legal consequences. Read instructions before		iating	g a delaye	d effective date has sign	ificanı
	(If the following statement applies, adopt the statement The delayed effective date and, if applications are statement as the statement of the following statement applies and the statement applies are statement applies.	ent by entering a date and, if applicable cable, time of this document a	e, time re	12/31/20	required format.) (210-11:59 pm (dd/yyy, hour:minute am/pn	₽ .
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(Last)		(First)	(Middle) (Suffix)
17855 N. Dallas P	arkway, Suite	400 /		
(Street	number and nam	e or Post Offic	ce Box informati	ion)
Dallas		TX	75287	5
(City)		(State)	(ZIP/Po	stal Code)
		USA .	ET.	
(Province - if ap)	vlicable)	(Country)		

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