

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Surgical Concepts, LLC		10/12/2009	LIMITED LIABILITY COMPANY: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Medsurant, LLC		
<b>Street Address:</b>	777 E. Girard, Suite 250		
<b>City:</b>	Englewood		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80113		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: COLORADO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	3122133	SURGICAL CONCEPTS	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(303)893-1379		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	303-892-7250		
Email:	sandra.wainer@dgsllaw.com		
Correspondent Name:	Sandra L. Wainer		
Address Line 1:	1550 17th Street, Suite 500		
Address Line 4:	Denver, COLORADO 80202		
<b>NAME OF SUBMITTER:</b>	Sandra L. Wainer		
<b>Signature:</b>	/Sandra L. Wainer/		
<b>Date:</b>	04/19/2011		
Total Attachments: 4 source=Namechange#page1.tif source=Namechange#page2.tif source=Namechange#page3.tif source=Namechange#page4.tif			

**CH \$40.00 3122133**



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 named in the document as one who has caused it to be delivered.

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

<u>Frey</u>	<u>Heidi</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>2 Sunrise Drive</u>			
<small>(Street name and number or Post Office Box information)</small>			
<hr/>			
<u>Englewood</u>	<u>CO</u>	<u>80113</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u>United States</u>			
<small>(Province – if applicable)</small>		<small>(Country – if not US)</small>	

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)*

**Disclaimer:**

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Englewood			
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	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
	United States		
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