

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT														
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Entity designation of receiving party needs to be changed from limited partnership to limited liability company previously recorded on Reel 004519 Frame 0819. Assignor(s) hereby confirms the Change of Name.														
CONVEYING PARTY DATA															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Formerly</th> <th style="width:15%;">Execution Date</th> <th style="width:25%;">Entity Type</th> </tr> </thead> <tbody> <tr> <td>Fastaff, Inc.</td> <td></td> <td>02/15/2011</td> <td>CORPORATION: COLORADO</td> </tr> </tbody> </table>		Name	Formerly	Execution Date	Entity Type	Fastaff, Inc.		02/15/2011	CORPORATION: COLORADO						
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PROPERTY NUMBERS Total: 1															
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Serial Number:	85236073	FASTAFF TRAVEL NURSING													
CORRESPONDENCE DATA															
Fax Number: (303)296-3956 <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> Phone: 303-382-5118 Email: tupperk@ballardspahr.com Correspondent Name: Karin Tupper Address Line 1: 1225 17th Street Address Line 2: Suite 2300 Address Line 4: Denver, COLORADO 80202															
ATTORNEY DOCKET NUMBER:	00100758														
NAME OF SUBMITTER:	Karin Tupper														

CH \$40.00 85236073

Signature:	/Karin Tupper/
Date:	08/01/2011
Total Attachments: 6 source=s2d35C9C605CAB598D10526FEE420E2F7B6_1#page1.tif source=Fastaff Conversion as filed with SOS#page1.tif source=Fastaff Conversion as filed with SOS#page2.tif source=Fastaff Conversion as filed with SOS#page3.tif source=Fastaff Conversion as filed with SOS#page4.tif source=Fastaff Conversion as filed with SOS#page5.tif	

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 _____.
(mm/dd/yyyy hour:minute am/pm)

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.

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

Howe Ryan M _____
(Last) (First) (Middle) (Suffix)
1225 17th Street
(Street number and name or Post Office Box information)
Suite 2300
Denver CO 80202
(City) (State) (ZIP/Postal Code)

(Province – if applicable) United States
(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.

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Colorado Secretary of State
 Date and Time: 02/15/2011 10:08 AM
 ID Number: 19961125887

Document must be filed electronically.
 Paper documents will not be accepted.

Document processing fee
 Fees & forms/cover sheets
 are subject to change.

\$50.00

Document number: 20111090886
 Amount Paid: \$100.00

To access other information or print
 copies of filed documents,
 visit www.sos.state.co.us and
 select Business Center.

ABOVE SPACE FOR OFFICE USE ONLY

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

FASTAFF, LLC

(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

6501 S Fiddler's Green Cir

(Street number and name)

Ste 200

Greenwood Village

CO

80111

(City)

(State)

(ZIP/Postal Code)

United States

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

Name

(if an individual)

Cowling

Kathryn

Lynn

(Last)

(First)

(Middle)

(Suffix)

OR

(if an entity)

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

Street address

6501 S Fiddler's Green Cir

(Street number and name)

Ste 200

Greenwood Village

CO

80111

(City)

(State)

(ZIP Code)

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

(City) CO (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) Howe Ryan M
(Last) (First) (Middle) (Suffix)

OR

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

Mailing address
1225 17th Street
(Street number and name or Post Office Box information)
Suite 2300
Denver CO 80202
(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.

8. (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.)

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

Howe Ryan M
(Last) *(First)* *(Middle)* *(Suffix)*
1225 17th Street
(Street number and name or Post Office Box information)
Suite 2300
Denver CO 80202
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United States
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