

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
The Children's Hospital Association		06/21/2011	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Children's Hospital Colorado		
Street Address:	13123 East 16th Avenue		
City:	Aurora		
State/Country:	COLORADO		
Postal Code:	80045		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	2088957	KIDSMART	
Registration Number:	2132522	KIDSTREET	
Registration Number:	1239848		
Registration Number:	3337350		
Registration Number:	3732714	PEDSCONNECT	
Registration Number:	3725211	MOST HEALING HOSPITAL	
Registration Number:	3756345	PARENT ADVICE ONLINE	
CORRESPONDENCE DATA			
Fax Number:	(303)629-7610		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	303-825-0800		
Email:	IP@bw-legal.com		
Correspondent Name:	Ellen E. Stewart		
Address Line 1:	370 Seventeenth Street, Suite 4800		
Address Line 4:	Denver, COLORADO 80202		

CH \$190.00 2088957

ATTORNEY DOCKET NUMBER:	13169.850
NAME OF SUBMITTER:	Ellen E. Stewart
Signature:	/Ellen E. Stewart/
Date:	08/16/2011
Total Attachments: 2 source=NameChange_20111352768#page1.tif source=NameChange_20111352768#page2.tif	



Colorado Secretary of State
 Date and Time: 06/21/2011 04:02 PM
 ID Number: 19871047147
 Document number: 20111352768
 Amount Paid: \$25.00

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

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

\$25.00

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

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

ID number 19871047147

1. Entity name THE CHILDREN'S HOSPITAL ASSOCIATION
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name
 (if applicable) Children's Hospital Colorado

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*
 Other amendments are attached.

4. If the nonprofit corporation's period
 of duration as amended is less than
 perpetual, state the date on which the
 period of duration expires _____
(mm/dd/yyyy)

OR

If the nonprofit corporation's period of duration as amended is perpetual, mark this box

5. *(Optional)* Delayed effective date _____
(mm/dd/yyyy)

6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If
 applicable, mark this box and include an attachment stating the additional information.

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the 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 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

Stewart Ellen E.
(Last) (First) (Middle) (Suffix)

370 17th St. #4800
(Street name and number or Post Office Box information)

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

United States
(Province – if applicable) (Country – if not US)

(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:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.