

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	01/01/2012		
<b>CONVEYING PARTY DATA</b>			
	<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>
	AMERICAN COLLEGE OF MEDICAL PRACTICE EXECUTIVES		12/23/2011
			NOT-FOR PROFIT CORPORATION: COLORADO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	MGMA-ACMPE		
<b>Street Address:</b>	104 Inverness Terrace East		
<b>City:</b>	Englewood		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	80112		
<b>Entity Type:</b>	NONPROFIT CORPORATION: COLORADO		
<b>PROPERTY NUMBERS Total: 3</b>			
	<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>
	Registration Number:	2542621	ACMPE
	Registration Number:	2657985	AMERICAN COLLEGE OF MEDICAL PRACTICE EXECUTIVES
	Registration Number:	2831770	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(303)607-3600		
<b>Phone:</b>	303-607-3500		
<b>Email:</b>	tmdnvr@faegrebd.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Correspondent Name:</b>	Leslie P. Kramer		
<b>Address Line 1:</b>	1700 Lincoln Street		
<b>Address Line 2:</b>	Suite 3200		
<b>Address Line 4:</b>	Denver, COLORADO 80203-4532		

OP \$90.00 2542621

ATTORNEY DOCKET NUMBER:	54280-222996
NAME OF SUBMITTER:	Leslie P. Kramer
Signature:	/Leslie P. Kramer/
Date:	01/04/2012
Total Attachments: 4 source=ACMPE and MGMA Merger#page1.tif source=ACMPE and MGMA Merger#page2.tif source=ACMPE and MGMA Merger#page3.tif source=ACMPE and MGMA Merger#page4.tif	

Document processing fee  
 If document is filed on paper \$150.00  
 If document is filed electronically Currently Not Available  
 Fees & forms/cover sheets are subject to change.  
 To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us) and select Business.  
 Paper documents must be typewritten or machine printed.

20111703441  
 \$150.00  
 SECRETARY OF STATE  
 12/23/2011 11:58:52

ABOVE SPACE FOR OFFICE USE ONLY

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

1. For each merging 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	<u>19871304739</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>American College of Medical Practice Executives</u>		
Form of entity	<u>Nonprofit Corporation</u>		
Jurisdiction	<u>Colorado</u>		
Street address	<u>104 Inverness Terrace East</u> <i>(Street number and name)</i>		
	<u>Englewood</u> <i>(City)</i>	<u>CO</u> <i>(State)</i>	<u>80112</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province - if applicable)</i>	<u></u> <i>(Country)</i>	
Mailing address <i>(leave blank if same as street address)</i>	<u></u> <i>(Street number and name or Post Office Box information)</i>		
	<u></u> <i>(City)</i>	<u></u> <i>(State)</i>	<u></u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province - if applicable)</i>	<u></u> <i>(Country)</i>	

ID Number	<u>19871175520</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>Medical Group Management Association</u>		
Form of entity	<u>Nonprofit Corporation</u>		
Jurisdiction	<u>Colorado</u>		

**Street address** 104 Inverness Terrace East  
*(Street number and name)*

Englewood CO 80112  
*(City) (State) (ZIP/Postal Code)*

*(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)*

**ID Number**   
*(Colorado Secretary of State ID number)*

**Entity name or true name**

**Form of entity**

**Jurisdiction**

**Street address**   
*(Street number and name)*

*(City) (State) (ZIP/Postal Code)*

*(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)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*  
 There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity 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** 20111341169  
*(Colorado Secretary of State ID number)*

**Entity name or true name** MGMA-ACMPE

Form of entity Nonprofit Corporation

Jurisdiction Colorado

Street address 104 Inverness Terrace  
*(Street number and name)*

Englewood CO 80112  
*(City) (State) (ZIP/Postal Code)*

*(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. Each merging entity has been merged into the surviving entity.
4. *(If the following statement applies, adopt the statement by marking the box.)*  
 The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.
5. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*  
 One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is
- Document number \_\_\_\_\_  
 Document number \_\_\_\_\_  
 Document number \_\_\_\_\_
- (If the following statement applies, adopt the statement by marking the box and include an attachment.)*  
 There are more than three trademarks and the document number of each additional trademark is stated in an attachment.
6. *(If applicable, adopt the following statement by marking the box and include an attachment.)*  
 This document contains additional information as provided by law.
7. *(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 01/01/2012 12:01 am  
*(mm/dd/yyyy hour:minute and/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.

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 identified in this document as one who has caused it to be delivered.

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

Niederman	Gerald	A.	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
c/o Polsinelli Shughart PC			
<small>(Street number and name or Post Office Box information)</small>			
1515 Wynkoop - Suite 600			
Denver	CO	80202	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<small>(Province - if applicable)</small>	<small>(Country)</small>		

(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.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet 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/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).