

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2012

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Medical Group Management Association		12/23/2011	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	MGMA-ACMPE
Street Address:	104 Inverness Terrace East
City:	Englewood
State/Country:	COLORADO
Postal Code:	80112
Entity Type:	NONPROFIT CORPORATION: COLORADO

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Serial Number:	85079292	PEER
Registration Number:	2819024	MGMA
Registration Number:	2827168	MEDICAL GROUP MANAGEMENT ASSOCIATION
Registration Number:	2834176	
Registration Number:	2982594	ADMINISERVE
Registration Number:	3061534	PROVEN SUPPLIERS. MEMBER VALUE.
Registration Number:	3157663	GPRN
Registration Number:	3675449	MGMA DATADIVE

CORRESPONDENCE DATA

Fax Number: (303)607-3600
 Phone: 303-607-3500
 Email: tmdnvr@faegrebd.com

OP \$215.00 85079292

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

Correspondent Name: Leslie P. Kramer
Address Line 1: 1700 Lincoln Street
Address Line 2: Suite 3200
Address Line 4: Denver, COLORADO 80203-4532

ATTORNEY DOCKET NUMBER:	54280-222996
NAME OF SUBMITTER:	Leslie P. Kramer
Signature:	/Leslie P. Kramer/
Date:	01/04/2012

Total Attachments: 4

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 SECRETARY OF STATE
 12/23/2011 11:58:52

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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.)

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> <u>CO</u> <u>80112</u> <i>(City) (State) (ZIP/Postal Code)</i>
	<u></u> <u></u> <u></u> <i>(Province - if applicable) (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> <u></u> <u></u> <i>(City) (State) (ZIP/Postal Code)</i>
	<u></u> <u></u> <u></u> <i>(Province - if applicable) (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

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

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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>	
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