

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
U.S. BANK NATIONAL ASSOCIATION		11/10/2011	NATIONAL BANKING ASSOCIATION: UNITED STATES

RECEIVING PARTY DATA

Name:	BAXA CORPORATION
Street Address:	9540 S. MAROON CIRCLE, suite 400
City:	ENGLEWOOD
State/Country:	COLORADO
Postal Code:	80112
Entity Type:	CORPORATION: COLORADO

PROPERTY NUMBERS Total: 20

Property Type	Number	Word Mark
Registration Number:	3126626	BAXA
Registration Number:	3424235	CATHCARE
Registration Number:	3129484	BAXA
Registration Number:	3420537	P2
Registration Number:	3424548	P2 TECHNOLOGY
Registration Number:	3464271	P2
Registration Number:	3309224	PIBA
Registration Number:	3345454	PADLOCK
Registration Number:	3186022	EXACTA-MED
Registration Number:	3524129	CONNECT TO PROTECT
Registration Number:	3440492	STAR CENTER
Registration Number:	3440491	STAR CENTER
Registration Number:	3538227	NEOTHRIVE

CH \$515.00 3126626

Registration Number:	3537940	NEOTHRIVE
Registration Number:	3363046	SURECONNECT
Registration Number:	3363014	SURECONNECT
Registration Number:	2302872	MICROFUSE
Registration Number:	2386181	MICROFUSE
Registration Number:	2937025	INTELLIFILL
Registration Number:	3451142	P2 TECHNOLOGY

CORRESPONDENCE DATA

Fax Number: (847)948-3880

Phone: 847-948-3928

Email: kathy_gruber@baxter.com

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

Correspondent Name: BAXA CORPORATION

Address Line 1: ONE BAXTER PARKWAY

Address Line 4: DEERFIELD, ILLINOIS 60015

NAME OF SUBMITTER:

JEFFREY C. NICHOLS

Signature:

/JEFFREY C. NICHOLS/

Date:

02/22/2012

Total Attachments: 6

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UCC FINANCING STATEMENT AMENDMENT

Filing Fee: \$18
Follow Instructions Carefully

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 04:06 PM 11/10/2011
INITIAL FILING # 2009 1749255
AMENDMENT # 2011 4344225
SRV: 111187097

A. NAME & PHONE OF CONTACT (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CT Lien Solutions
NANCY WIFORD
4400 Easton Commons Way, Suite 125
Columbus, Ohio 43219

ABOVE SPACE FOR FILING OFFICE USE ONLY

1. Initial Financing Statement Information (Required)

1a. Original Filing Number: 2009 1749255 1b. Original Filing Date: 6/03/09 1c. If filed prior to January 1, 2000, indicate Original Filing Office:

2. Termination: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. Continuation: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement
Is continued for the additional period provided by applicable law.

4. Assignment: Give name of assignee in item 7a or 7b and address of assignee in item 7c; also give name of assignor in item 9.

5. Amendment (Party Information): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.
 DELETE name: Give record name to be deleted in 6a or 6b.
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATION ID#, if any
			<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment:

9a. ORGANIZATION'S NAME
U.S. Bank National Association

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
Delaware Secretary of State (54563-00025) 830 0178

Colorado UCC Financing Statement - Termination

Printed On: 11/10/2011 13:12:30 MDT

County: 99-Secretary_of_State

Reception Number: 2011F057407

Filed: 11/10/2011 13:12:22 MDT

Filing Information

Original County Code: 99 - Secretary of State

Original Date Filed: 06/27/2006

EFS No

Original Reception Number: 20062063298

**Authorized Party #1: U.S. BANK NATIONAL
ASSOCIATION**

Optional Filer Reference Data

COLORADO SECRETARY OF STATE (54563-00025)

Colorado UCC Financing Statement - Termination

Printed On: 11/10/2011 13:14:21 MDT

County: 99-Secretary_of_State

Reception Number: 2011F057410

Filed: 11/10/2011 13:14:13 MDT

Filing Information

Original County Code: 99 - Secretary of State

Original Date Filed: 06/04/2009

EFS No

Original Reception Number: 20092048095

Authorized Party #1: U.S. BANK NATIONAL
ASSOCIATION

Optional Filer Reference Data

COLORADO SECRETARY OF STATE (54563-00025)

UCC FINANCING STATEMENT AMENDMENT

Filing Fee: \$18

Follow Instructions Carefully

A. NAME & PHONE OF CONTACT (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
[Baker & Hostetler LLP] 303 E. 17th Avenue, Suite 1100 Denver, Colorado 80203
[]

ABOVE SPACE FOR FILING OFFICE USE ONLY

1. Initial Financing Statement Information (Required)

1a. Original Filing Number: 20092048095	1b. Original Filing Date: 6/04/09	1c. If filed prior to January 1, 2000, indicate Original Filing Office:
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2. Termination: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. Continuation: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. Assignment: Give name of assignee in item 7a or 7b and address of assignee in item 7c; also give name of assignor in item 9

5. Amendment (Party Information): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

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<input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	<input type="checkbox"/> DELETE name: Give record name to be deleted in 6a or 6b.	<input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable)
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6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME			
OR			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATION ID#, if any	<input type="checkbox"/> NONE
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment) If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment

9a. ORGANIZATION'S NAME	U.S. Bank National Association		
OR			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

Colorado Secretary of State (54563-00025)

Colorado UCC Financing Statement - Termination

Printed On: 11/10/2011 13:10:08 MDT

County: 99-Secretary_of_State

Reception Number: 2011F057405

Filed: 11/10/2011 13:10:00 MDT

Filing Information

Original County Code: 99 - Secretary of State

Original Date Filed: 06/27/2006

EFS No

Original Reception Number: 20062063295

**Authorized Party #1: U.S. BANK NATIONAL
ASSOCIATION**

Optional Filer Reference Data

COLORADO SECRETARY OF STATE (54563-00025)

UCC FINANCING STATEMENT AMENDMENT

Filing Fee: \$18

Follow Instructions Carefully

A. NAME & PHONE OF CONTACT (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
[Baker & Hostetler LLP] 303 E. 17th Avenue, Suite 1100 Denver, Colorado 80203
[]

ABOVE SPACE FOR FILING OFFICE USE ONLY

1. Initial Financing Statement Information (Required)

1a. Original Filing Number: 20062063298 1b. Original Filing Date: 6/27/06 1c. If filed prior to January 1, 2000, indicate Original Filing Office:

2. Termination: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. Continuation: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

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CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME			
OR			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

<input type="checkbox"/> ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATION ID#, if any	<input type="checkbox"/> NONE
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9a. ORGANIZATION'S NAME			
OR			
U.S. Bank National Association			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

Colorado Secretary of State (54563-00025)

NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) - COLORADO (REV 7/18/2007)

RECORDED: 02/22/2012

TRADEMARK
REEL: 004721 FRAME: 0485