

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
Pivital Spartanburg, LLC		08/14/2006	LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	Proaxis Spartanburg, LLC		
Street Address:	1650 Skylyn Drive		
City:	Spartanburg		
State/Country:	SOUTH CAROLINA		
Postal Code:	29307		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3350354	P PROAXIS THERAPY	
Registration Number:	3350353	P PROAXIS THERAPY	
CORRESPONDENCE DATA			
Fax Number:	3036073600		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	303-607-3500		
Email:	tmdnvr@faegrebd.com		
Correspondent Name:	Leslie P. Kramer		
Address Line 1:	1700 Lincoln Street		
Address Line 2:	3200 Wells Fargo Center		
Address Line 4:	Denver, COLORADO 80203-4532		
ATTORNEY DOCKET NUMBER:	487376.411140		
NAME OF SUBMITTER:	Leslie P. Kramer		

OP \$65.00 3350354

Signature:	/Leslie P. Kramer/
Date:	07/11/2012
Total Attachments: 2 source=Pivital name change to Proaxis#page1.tif source=Pivital name change to Proaxis#page2.tif	



Colorado Secretary of State
 Date and Time: 08/14/2006 09:59 AM
 Id Number: 20041115217
 Document number: 20061332169

Document processing fee
 If document is filed on paper \$125.00
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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20041115217

1. Entity name: Pivital Spartanburg, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: Proaxis Spartanburg, LLC
 (if applicable)

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

"bank" or "trust" or any derivative thereof
 "credit union" "savings and loan"
 "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company'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 limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Lockwood Blair L. _____
(Last) *(First)* *(Middle)* *(Suffix)*

Faegre & Benson LLP
(Street name and number or Post Office Box information)

1700 Lincoln Street, Suite 3200

Denver CO 80203
(City) *(State)* *(Postal/Zip Code)*

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

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