

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|---------------------------|---|----------|-------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | MERGER | | |
| EFFECTIVE DATE: | 01/24/2011 | | |
| CONVEYING PARTY DATA | | | |
| | Name | Formerly | Execution Date |
| | PROAXIS SPARTANBURG, LLC | | 01/24/2011 |
| | | | LIMITED LIABILITY COMPANY: COLORADO |
| RECEIVING PARTY DATA | | | |
| Name: | Greenville Proaxis Therapy, LLC | | |
| Street Address: | 125 The Parkway | | |
| City: | Greenville | | |
| State/Country: | SOUTH CAROLINA | | |
| Postal Code: | 29615 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: SOUTH CAROLINA | | |
| PROPERTY NUMBERS Total: 2 | | | |
| | Property Type | Number | Word Mark |
| | Registration Number: | 3350353 | P PROAXIS THERAPY |
| | Registration Number: | 3350354 | 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 | | |

CH \$65.00 3350353

| | |
|---|--------------------|
| NAME OF SUBMITTER: | Leslie P. Kramer |
| Signature: | /Leslie P. Kramer/ |
| Date: | 07/16/2012 |
| Total Attachments: 5 source=Proaxis merger into Greenville Proaxis Therapy (SC LLC)#page1.tif source=Proaxis merger into Greenville Proaxis Therapy (SC LLC)#page2.tif source=Proaxis merger into Greenville Proaxis Therapy (SC LLC)#page3.tif source=Proaxis merger into Greenville Proaxis Therapy (SC LLC)#page4.tif source=Proaxis merger into Greenville Proaxis Therapy (SC LLC)#page5.tif | |

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\$150.00
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01/24/2011 11:46:36

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Statement of Merger
(Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 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

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

| | | | |
|---|--|------------------|--------------------------|
| ID Number | 20041115217 <i>(Colorado Secretary of State ID number)</i> | | |
| Entity name or true name | Proaxis Spartanburg, LLC | | |
| Form of entity | limited liability company | | |
| Jurisdiction | Colorado | | |
| <u>Street</u> address | 181 West Meadow Drive <i>(Street number and name)</i> | | |
| | Suite 100 | | |
| | Vail | CO | 81657 |
| | <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> |
| | | USA | |
| | <i>(Province - if applicable)</i> | <i>(Country)</i> | |
| <u>Mailing</u> address (leave blank if same as street address) | <i>(Street number and name or Post Office Box information)</i> | | |
| | | | |
| | <i>(City)</i> | <i>(State)</i> | <i>(ZIP/Postal Code)</i> |
| | <i>(Province - if applicable)</i> | <i>(Country)</i> | |

| | | | |
|--------------------------|--|--|--|
| ID Number | <i>(Colorado Secretary of State ID number)</i> | | |
| 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)

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 which is a foreign 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

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number

N/A

(Colorado Secretary of State ID number)

Entity name or true name Greenville Proaxis Therapy, LLC

Form of entity limited liability company

Jurisdiction South Carolina

Street address 125 The Parkway
(Street number and name)

Suite 501

Greenville SC 29615
(City) (State) (ZIP/Postal Code)

USA
(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 foreign entity.

4. *(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.

5. *(Mark the applicable box and complete the statement. Caution: Mark only one box.)*

The surviving foreign entity maintains a registered agent in this state.

OR

The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
 (if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

(Street number and name)
(City) CO (State) (ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)
(City) CO (State) (ZIP Code)

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 (mm/dd/yyyy hour:minute am/pm)

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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

McEnroe Sean
(Last) (First) (Middle) (Suffix)
125 The Parkway, Suite 501
(Street number and name or Post Office Box information)
Greenville SC 29615
(City) (State) (ZIP/Postal Code)
USA
(Province - if applicable) (Country)

[] (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.

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