900228846 07/19/2012

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/25/2005

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
OpenLogic, Inc.	FORMERLY OpenLogic, Inc.	01/25/2005	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	OpenLogic, Inc.
Doing Business As:	
Street Address:	10901 W. 120th
Internal Address:	Suite 450
City:	Broomfield
State/Country:	COLORADO
Postal Code:	80021
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3118843	OPENLOGIC

CORRESPONDENCE DATA

Fax Number: 3037700152

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

via US Mail.

Phone: 303-770-0051

Email: ptomail@mfblaw.com

Correspondent Name: MARSH FISCHMANN & BREYFOGLE LLP

Address Line 1: 8055 E. Tufts Ave.

Address Line 2: Suite 450

Address Line 4: Denver, COLORADO 80237

ATTORNEY DOCKET NUMBER: 50146-00006

TRADEMARK REEL: 004825 FRAME: 0858 \$40,00 3118843

900228846

NAME OF SUBMITTER:	Jon P. Deppe
Signature:	/Jon P. Deppe/
Date:	07/19/2012
Total Attachments: 4 source=Statement_of_Merger#page1.tif source=Statement_of_Merger#page2.tif source=Statement_of_Merger#page3.tif source=Statement_of_Merger#page4.tif	

TRADEMARK REEL: 004825 FRAME: 0859 Document Processing Fee
If document is on paper:
If document is filed electronical

\$60,00

If document is filed electronically:

Currently Not Available

\$ 110.00 SECRETARY OF STATE 01-25-2005 11:09:27

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Statement of Merger

filed pursuant to §7-90-301, et seq. and §7-90-203 Colorado Revised Statutes (C.R.S.)

1. Entity name or true name of each merging entity:

	OpenLogic, Inc.		
	(Enter name exactly as it appears i	in the records of the	secretary of state if applicable)
Form of entity:	Corporation		
Jurisdiction under which the entity was formed:	Colorado		
ID number (if applicable):	20011028331		
Principal office street address:	1919 Crystal Peak Way		
	(Street	name and number)	
	Highlands Ranch	CO 801	129
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if no	i US)
Principal office mailing address:			
(if different from above)	(Street name and nu	mber or Post Office	Box information)
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if no	t US)
Entity name or true name:	• • •		·
·	(Enter name exactly as it appears is	the records of the s	secretary of state if applicable)
Form of entity:	-		
Jurisdiction under which the entity was formed:			
ID number (if applicable):			
Principal office street address:			
	(Street)	name and number)	

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	(City)	(State)	(Postal/Zip Code)		
	(Province – if applicable)	(Country - if no	(US)		
Principal office mailing address: (if different from above)	(Sireet name and nu	(Sireet name and number or Post Office Box info			
	(City)	(Stale)	(Postal/Zip Code)		
Entity name or true name:	(Province – if applicable)	(Country – if no	(US)		
	(Enter name exactly as it appears i	n the records of the	secretary of state if applicable)		
Form of entity:					
Jurisdiction under which the entity was formed:					
ID number (if applicable):	and the same of th				
Principal office street address:	***************************************				
	(Street i	name and number)			
	(City)	(State)	(Postal/Zip Code)		
	(Province – if applicable)	(Country – if no	US)		
Principal office mailing address:					
(if different from above)	(Street name and number or Post Office Box information)				
			A CONTINUE OF THE PARTY OF THE		
	(City)	(State)	(Postal/Zip Code)		
	(Province - if applicable)	(Country - if not	US)		
(If there are more than three merging en number, and the principal office address That y name of the surviving entity:	ntities, mark this box 🗆 and include	e an attachment st			
number, and the principal office address	ntities, mark this box \square and include of each additional merging entity.	e an attachment st			
number, and the principal office address	ntities, mark this box \square and include of each additional merging entity. OpenLogic Delaware, Inc.	e an attachment st	ating the entity name, ID		
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number, and the principal office address 2. Entity name of the surviving entity: Form of entity: Jurisdiction under which the entity was formed: ID number (if applicable):	OpenLogic Delaware, Inc. (Enter name exactly as it appears in Corporation Delaware 1919 Crystal Peak Way (Street)	e an attachment st	ating the entity name, ID ecretary of state if applicable)		
number, and the principal office address 2. Entity name of the surviving entity: Form of entity: Jurisdiction under which the entity was formed: ID number (if applicable):	of each additional merging entity. OpenLogic Delaware, Inc. (Enter name exactly as it appears in Corporation Delaware 1919 Crystal Peak Way	e an attachment st) n the records of the s name and number)	ating the entity name, ID		

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	Principal office mailing address:	(Street name and nu	mber ar Post Office I	Box information)
	-	(City)	(State)	(Postal/Zip Code)
	-	(Province – if applicable)	(Country – if not	US)
3.	. New entity name of surviving entity:			
		OpenLogic, Inc.	1000	
4.	. 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, make the applicable selection):	"bank" or "trust" or "credit union" "insurance", "casual	"savings a	nd loan"
5	. The merging entities are merged into the	surviving entity pursuant t	o this section.	
6	. If the entity's period of duration as amen	ded is perpetual, mark this	box: 🗷	
	OR			
	If the entity's period of duration as amended is less than perpetual, state the date on which the period of duration expires:			
	•	(mm/dd/yyyy)		
7.	. If one or more of the merging entities i records of the secretary of state, mark thi document.	is a registrant of a tradema is box and state below	ark described in the document n	a filed document in the number of each such filed
	Document number:			
	Document number:			
	(If more than two trademarks, mark this box	and include an attachment	stating the addition	nal document numbers.)
8.	. Other amendments, if any, are attached.			
9.	. Additional information may be included. the additional information.	If applicable, mark this bo	ox □ and include	e an attachment stating
10	0. (Optional) Delayed effective date:	(mm/dd/yyyy)		
N	fotice:			

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

Rev. 7/13/2004 3 of 4 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 named in the document as one who has caused it to be delivered.

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

(Province - if applicable	Country	if not US)	-	
(City)	(State)	(Postal/Zip Code)	
Highlands Ranch	CO	80129		
(Street name a	nd number or Post	Office Box	information)	
1919 Crystal Peak Way	(First)		(Middle)	(Suffix
Kligfield	Roy			

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filling, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form 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. Questions should be addressed to the user's attorney.

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RECORDED: 07/19/2012