

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
	Levels Beyond, LLC		12/28/2011
			LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	Levels Beyond, Inc.		
Street Address:	2724 Walnut Street		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80205		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
	Property Type	Number	Word Mark
	Registration Number:	4209096	REACH ENGINE
CORRESPONDENCE DATA			
Fax Number:	3038301033		
<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) 830-2400		
Email:	jleonard@fwlaw.com		
Correspondent Name:	John A. Leonard, Esq.		
Address Line 1:	1700 Lincoln Street		
Address Line 2:	Suite 2400		
Address Line 4:	Denver, COLORADO 80203		
ATTORNEY DOCKET NUMBER:	10281.001		
NAME OF SUBMITTER:	John A. Leonard, Esq.		

OP \$40.00 4209096

Signature:	/jal/
Date:	10/04/2012
Total Attachments: 5 source=Statement of Merger (01102752)#page1.tif source=Statement of Merger (01102752)#page2.tif source=Statement of Merger (01102752)#page3.tif source=Statement of Merger (01102752)#page4.tif source=Statement of Merger (01102752)#page5.tif	

Document processing fee
If document is filed on paper
If document is filed electronically
Fees & forms/cover sheets are
subject to change.

\$150.00
Currently Not Available

20111712726
\$150.00
SECRETARY OF STATE
12/28/2011 15:20:16

To file electronically, access instructions
for this form/cover sheet and other
information or print copies of filed
documents, visit www.sos.state.co.us
and select Business.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

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	<u>200031408447</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>Levels Beyond, LLC</u>		
Form of entity	<u>Limited Liability Company</u>		
Jurisdiction	<u>Colorado</u>		
<u>Street</u> address	<u>2724 Walnut Street</u> <i>(Street number and name)</i>		
	<u>Denver</u> <i>(City)</i>	<u>CO</u> <i>(State)</i>	<u>80205</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province - if applicable)</i>	<u></u> <i>(Country)</i>	
<u>Mailing</u> 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> <i>(City)</i>	<u></u> <i>(State)</i>	<u></u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province - if applicable)</i>	<u></u> <i>(Country)</i>	

ID Number	<u></u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u></u>		
Form of entity	<u></u>		

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 None
(Colorado Secretary of State ID number)

Entity name or true name Levels Beyond, Inc.

Form of entity Corporation

Jurisdiction Delaware

Street address 2724 Walnut Street
(Street number and name)

Denver CO 80205
(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)

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) Selinger Gil B.
(Last) (First) (Middle) (Suffix)

OR

(if an entity)

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

Street address

1700 Lincoln Street, Suite 2400

(Street number and name)

Denver

(City)

CO

(State)

80203

(ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

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 01/01/2012 12:01 am
(mm/dd/yyyy hour:minute am/pm)

Notice:

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

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

Selinger

(Last)

Gil

(First)

B.

(Middle)

(Suffix)

1700 Lincoln Street, Suite 2400

(Street number and name or Post Office Box information)

Denver

(City)

CO

(State)

80203

(ZIP/Postal Code)

(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.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet 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/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).