

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
Spivack Vision Clinic, P.C.		02/01/2008	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Spivack Vision Clinic, Inc.		
Street Address:	55 Madison Street		
Internal Address:	Suite 255		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80206		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2325642		
CORRESPONDENCE DATA			
Fax Number:	3035864689		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	720.457.6134		
Email:	rdrexler@wallacescottlaw.com		
Correspondent Name:	Regina T. Drexler		
Address Line 1:	2054 Eudora Street		
Address Line 4:	Denver, COLORADO 80207		
ATTORNEY DOCKET NUMBER:	MADISON STREET/IP		
NAME OF SUBMITTER:	Regina T. Drexler		
Signature:	/Regina T. Drexler/		

CH \$40.00 2325642

Date:

02/19/2013

Total Attachments: 2

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Colorado Secretary of State
 Date and Time: 02/01/2008 08:55 AM
 Id Number: 19871626132
 Document number: 20081068024

Document processing fee
 If document is filed on paper \$125.00
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Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Amended and Restated Articles of Incorporation

filed pursuant to §7-90-301, et seq. and §7-110-107 and §7-90-304.5 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871626132

1. Entity name: SPIVACK VISION CLINIC, P.C.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name: Spivack Vision Clinic, Inc.
 (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. If the corporation'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 corporation's period of duration as amended is perpetual, mark this box:

5. The amended and restated constituent filed document is attached.

6. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

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

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 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.

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.

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

Spivack Lawrence D. M.D.
(Last) *(First)* *(Middle)* *(Suffix)*

6881 South Yosemite Street
(Street name and number or Post Office Box information)

Centennial CO 80111
(City) *(State)* *(Postal/Zip Code)*

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

(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 filing, mark this box and include an attachment stating the name and address of such individuals.)

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