### 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
Medical Modeling LLC		103/12/2013	LIMITED LIABILITY COMPANY: COLORADO

## **RECEIVING PARTY DATA**

Name:	Medical Modeling Inc.
Street Address:	17301 W Colfax Avenue, Suite 300
City:	Golden
State/Country:	COLORADO
Postal Code:	80401
Entity Type:	CORPORATION: COLORADO

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	78795545	ACCUDENTAL

### **CORRESPONDENCE DATA**

**Fax Number**: 3032736463

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

via US Mail.

Phone: 3032735344

Email: karen@medicalmodeling.com

Correspondent Name: Medical Modeling Inc.

Address Line 1: 17301 W Colfax Avenue, Suite 300 Address Line 4: Golden, COLORADO 80401

NAME OF SUBMITTER:	Andrew Christensen
Signature:	/Andrew Christensen/
Date:	03/12/2013

TRADEMARK REEL: 004980 FRAME: 0257 OP \$40,00 78795545

# Total Attachments: 4

source=Articles of Incorporation MMI#page1.tif source=Articles of Incorporation MMI#page2.tif source=Articles of Incorporation MMI#page3.tif source=Articles of Incorporation MMI#page4.tif

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

\$150.00 Currently Not Available

ABOYE SPACE FOR OFFICE USE ONLY

Paper documents must be typewritten or machine printed.

Combined Statement of Conversion and Articles of Incorporation for a Profit Corporation filed pursuant to § 7-90-201, 7-102-101 and § 7-102-102 of the Colorado Revised Statutes (C.R.S.)

#### Statement of Conversion

1.	For the converting entity, its entity na jurisdiction under the law of which it	me or true name, ID number (i is formed, and the principal of	if applicable), Nice address c	, form of entity, the of its principal office are
	Entity name or true name of the conventing entity	Medical Modeling, LLC		***************************************
	ID number (if applicable)	20001092904 (Colorado Secretary of State ID mm.	ber)	
	Form of the entity	Limited Liability Company		(###+## = 1
	Jurisdiction where formed	Colorado	************	
	Principal office street address	17301 W Colfax Ave		,
		Gireer n Suite 300	umber and name)	
		Golden	CO	80401
		(Cin)	(State)	(Paxiol/Zlp Code)
		(Province – if applicable)	(Country - if	fnot US)
	Principal office <u>mailing</u> address (leave blank if same as above)	(Street number und no	me ar Poss Office	Bas information)
		(Chy)	(Stote)	(Postal/Zip Code)
		(Province - if applicable)	(Country - if	rnot US)

- 2. The converting entity has been converted into the resulting entity identified below.
- For the <u>resulting</u> entity, its entity name, form of entity, the jurisdiction under the law of which it is formed, and the principal office address of its principal office are

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Entity name of the resulting entity	Madical Modeling inc.  (The name of a corporation musical "incorporated", "company", "limit C.R.S. If the corporation is a peofer may apply.)	ited", "carp,", Inc	", "co." or "hd.", \$7-90-601.
(Caution: The use of certain terms or ab		ad instructions f	or more information.)
Form of the entity	demestic profit corporation		
Jurisdiction where formed	Colorado		
Principal office street address	17301 W Colfax Ave		
	Suite 300	umber and name)	
	Golden	CO	80401
	(City)	(Stufe)	(PostaVZip Code)
	(Province ~ If applicable)	(Caussry-if	not US)
Principal office mailing address			
(leave blank if same as above)	(Street rumbes and no	me or Post Office	Bax information)
	~~~~~		
	(Cip)	(State)	(Fastal/Zip Code)
	(Province - if applicable)	(Country - if	not US)
(If the fullowing matement applies, adopt The mailing address in the reco address and is no longer require	rds of the Secretary of State is n	o longer diffe	rent than the street
Articles o	f Incorporation for a Profit Co	orporation	
1. The entity name is	Medical Modeling Inc.		979
	(The name of a corporation must co "incorporated", "company", "limit C.R.S. If the corporation is a profemay apply.)	ted", "corp.", inc.	", "co." or "lid.", 87-99-801
(Caution: The use of certain terms or abbr	eviations are restricted by law. Read	l instructions for	more information.)
2. The principal office address of the in	itial principal office is		
Sirget address	17301 W Colfax Ave		
	Suite 300	umber and name)	
	Golden	en Con	80401
	(Cin)	(State)	(Postal/Zip Cade)
	(Province - if applicable)	(Country - if i	not US)

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Mailing address (teave blank if some as street address)	Cerons months	r and sume or Past Co	Mar Oza beliana	***************************************
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	(Chy)	(Sta	io) (Pc	ostal/Zsp Cosle)
	(Province - if appiled	de) (Connie	y~if net US)	
The registered agent name and regist	ered agent address of th	e initial registere	d agent are	
Name		•		
(if an individual)	Panasci	Emest		iddle) Esq Suffic
OR	(Last)	(Firal)	(/\)	liddle) (Snffx
(if an entity) (Caudan: Do not provide both an indis	idual and an entity name.)	***************************************	***************************************	
The person appointed as registere		nted to being so	appointed.	
Street address	Jones & Kaller, PC	-		28
	4600 South Ulster	(Strast number and n		
	Denver	E C	80237	p.7
	(City)	(Siat	e) (Pa	stol/Zip Code)
Mailing address (leave blank if some as street oddress)	(Strent manbe	and name or Post Of	Hee Box informa	iion)
		CC	)	
	(CIQI)	(Stot	e) (Pa	stal/Zip Code)
he true name and mailing address of	the incorporator are			
Name		Econol	ل	Esq
(if an individual)	Panasci	Emest		
	Panasci (Lan)	(First)		iddle) (Suffu)
(if an individual)	{Liss}	*****		
(if an individual)  OR  (if an entity)	{Liss}	*****		
(if an individual)  OR  (if an entity)  (Caution: Do not provide both an indiv	(Last) idual and an entity name.) Jones & Keller, PC	(First)	<i>{\$1.</i>	iddle) (Suffis,
(if an individual)  OR  (if an entity)  (Caution: Do not provide both an indiv	(Lust)  Idual and an entity name.)  Jones & Keller, PC  Street nun	(First)	<i>{\$1.</i>	iddle) (Suffis,
(if an individual)  OR  (if an entity)  (Caution: Do not provide both an indiv	(Lass) idual and an entity name.) Jones & Keller, PC (Street name) 4600 S Ulster Street, S	(First) ber and name ac Post wite 880 CO (Stat.	Qffice Box infor 80237	iddle) (Suffis,

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(If the following statement uppi	lies, adopt the statement by marking t	he box and enter the num	ber of shares.)	
(If the following statement uppn The corporation is muth rights and are entitled t	orized to issue 20,000,000 or receive the net assets of the	common shares that corporation upon (	t shall have unlimit discolution.	ted voting
(If the following statement appl  Additional information	tes, adopt the statement by marking that serviced by section 7-106	he box and include on atta ~101 is included in	uchment.) an attachment.	
(Caution: At least one box must be	marked. Both boxes may be man	rked, if applicable.)		
6. (If the following statement applies, adopt				
[ This document contains add	litional information as provi	ded by law.		
<ol> <li>(Causion: <u>Leave blank</u> if the docum significant legal consequences. Read</li> </ol>	ent does not have a delayed effec I instructions before entering a d	tive date. Stating a de ate.)	layed effective date ho	S
(If the following statement applies, adopt The delayed effective date and,	the statement by emering a date and if applicable, time of this do	ocument is/are 10/0	the required format.) 91/2007; 12:01 a.m. um/dd/yyyy hour:minute	am/pm)
Notice:  Causing this document to be delived the control of each individual act and deed, or that the person on whose behalf the individual act and deed.	al causing such delivery, unc ne individual in good faith be dual is causing the document	ler penalties of perje elieves the documer to be delivered for	ury, that the docum it is the act and dec filing, taken in con	ent is the d of the formity
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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).

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