

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
Nursing Home Quality, LLC		06/17/2012	LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	Providigm, LLC		
Street Address:	8055 E. Tufts Avenue		
Internal Address:	Suite 1200		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80237		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4265084	PROVIDIGM	
Serial Number:	85976782	PROVIDIGM	
Serial Number:	85235941	ABAQIS	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	ptomail@mflaw.com		
Correspondent Name:	Daniel J. Sherwinter		
Address Line 1:	8055 E. Tufts Avenue		
Address Line 2:	Suite 450		
Address Line 4:	Denver, COLORADO 80237		
ATTORNEY DOCKET NUMBER:	50671-00000		

NAME OF SUBMITTER:	Daniel J. Sherwinter
Signature:	/Daniel J. Sherwinter/
Date:	04/15/2013
Total Attachments: 4 source=Name Change#page1.tif source=Name Change#page2.tif source=Name Change#page3.tif source=Name Change#page4.tif	



Colorado Secretary of State
 Date and Time: 03/16/2011 03:14 PM
 ID Number: 20061494605
 Document number: 20111160742
 Amount Paid: \$25.00

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\$25.00

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20061494605

1. Entity name: Nursing Home Quality, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: Providigm, LLC
 (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. Other amendments, if any, are attached.

5. If the limited liability company'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 limited liability company's period of duration as amended is perpetual, mark this box:

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

Notice:

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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 named in the document as one who has caused it to be delivered.

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

Gunning Eric
(Last) (First) (Middle) (Suffix)
1430 Wynkoop Street Suite 201
(Street name and number or Post Office Box information)
Denver CO 80202
(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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Colorado Secretary of State
 Date and Time: 06/17/2012 02:11 PM
 ID Number: 20061494605

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**Statement of Change
 Changing the Principal Office Address**

filed pursuant to § 7-90-305.5 and § 7-90-705 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 20061494605
(Colorado Secretary of State ID number)

Entity name or True name Providigm, LLC

2. The entity's principal office address has changed.

Such address, as changed, is

Street address 8055 East Tufts Avenue
(Street number and name)
Suite 1200
Denver CO 80237
(City) (State) (ZIP/Postal Code)
United States
(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. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

4. *(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.

5. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Gunning</u>		<u>Eric</u>	
	<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small> <small>(Suffix)</small>
<u>1430 Wynkoop Street Suite 201</u>			
<small>(Street number and name or Post Office Box information)</small>			
<u>Denver</u>		<u>CO</u>	<u>80202</u>
	<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>
<u>United States</u>			
<small>(Province – if applicable)</small>		<small>(Country)</small>	

(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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