

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
LaPorte Regional Health System, Inc.		11/01/2011	Non-Profit Corporation: INDIANA
RECEIVING PARTY DATA			
Name:	Indiana University Health La Porte Hospital, Inc.		
Street Address:	1007 Lincolnway		
City:	La Porte		
State/Country:	INDIANA		
Postal Code:	46350		
Entity Type:	Non-Profit Corporation: INDIANA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3427290	LIL' F.I.S.H. CLUB	
CORRESPONDENCE DATA			
Fax Number:	3175925453		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	317-236-2100		
Email:	ipdocket@icemiller.com		
Correspondent Name:	Maurine L. Knutsson		
Address Line 1:	One American Square, Suite 2900		
Address Line 4:	Indianapolis, INDIANA 46282-0200		
ATTORNEY DOCKET NUMBER:	T02419-US-00 (20579.0002)		
NAME OF SUBMITTER:	Maurine L. Knutsson		
Signature:	/Maurine Knutsson/		
Date:	07/12/2013		
Total Attachments: 0			

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