

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	10/18/2013

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
NVH WIP, LLLP		10/18/2013	LIMITED LIABILITY LIMITED PARTNERSHIP: COLORADO

RECEIVING PARTY DATA

Name:	NVH Parent, LLC
Street Address:	4695 MacArthur Court
Internal Address:	8th Floor
City:	Newport Beach
State/Country:	CALIFORNIA
Postal Code:	92660
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 9

Property Type	Number	Word Mark
Serial Number:	85595054	VILLAGE HOMES REALTY
Serial Number:	85775939	IDYLLWILDE
Registration Number:	3298012	VILLAGE HOMES
Registration Number:	2746225	VILLAGE OF FIVE PARKS
Registration Number:	2740732	OBSERVATORY VILLAGE
Registration Number:	2655479	THE PLACE YOU WANT TO BE
Registration Number:	3637133	VILLAGE HOMES
Registration Number:	2124648	THE VILLAGE TOUCH
Registration Number:	2235564	VILLAGE HOMES

CORRESPONDENCE DATA

Fax Number: 3038931379

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

Phone: 303-892-7353
Email: pantea.garroussi@dgsllaw.com
Correspondent Name: Pantea Garroussi
Address Line 1: 1550 17th St.
Address Line 2: Suite 500, Davis Graham & Stubbs LLP
Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER:	231334-0008
NAME OF SUBMITTER:	Pantea Garroussi
Signature:	/Pantea Garroussi/
Date:	11/21/2013

Total Attachments: 5
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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 20091668913
(Colorado Secretary of State ID number)

Entity name or true name NVH WIP, LLLP

Form of entity Limited Liability Limited Partnership

Jurisdiction Colorado

Street address 4695 MacArthur Court
(Street number and name)
8th Floor
Newport Beach CA 92660
(City) (State) (ZIP/Postal Code)
U.S.A.
(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)

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 20091661937
(Colorado Secretary of State ID number)

Entity name or true name NVH Parent, LLC

Form of entity Limited Liability Company

Jurisdiction Delaware

Street address 4695 MacArthur Court
(Street number and name)
8th Floor

Newport Beach CA 92660
(City) (State) (ZIP/Postal Code)
U.S.A.
(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) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity)

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

Street address

(Street number and name)

(City) **CO** _____
(State) *(ZIP Code)*

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City) **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 _____
(mm/dd/yyyy hour:minute am/pm)

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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

Joslin Susanne E.
(Last) *(First)* *(Middle)* *(Suffix)*

1550 Seventeenth Street, Suite 500
(Street number and name or Post Office Box information)

Denver CO 80202
(City) *(State)* *(ZIP/Postal Code)*

(Province - if applicable) **U.S.A.** _____
(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.

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