

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM302799

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	08/22/2013		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Spivack Vision Clinic, Inc.		08/22/2013	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Madison Street Provider Network, Inc.		
Street Address:	55 Madison Street		
Internal Address:	Suite 355		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80209		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2325642		
Registration Number:	3026859	SPIVACK VISION CENTER	
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>			
Phone:	720.457.6134		
Email:	rdrexler@wallacescottlaw.com		
Correspondent Name:	Regina T. Drexler		
Address Line 1:	1430 Larimer Street		
Address Line 2:	Suite 208		
Address Line 4:	Denver, COLORADO 80207		
ATTORNEY DOCKET NUMBER:	MADISON STREET/IP		
NAME OF SUBMITTER:	Regina T. Drexler		
SIGNATURE:	/Regina T. Drexler/		
DATE SIGNED:	04/28/2014		
Total Attachments: 4			
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SECRETARY OF STATE

08/22/2013 12:04:18

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Domestic Entity)

filed pursuant to § 7-90-203.7 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

<u>ID Number</u>	19871626132		
	<i>(Colorado Secretary of State ID number)</i>		
<u>Entity name or true name</u>	Spivack Vision Clinic, Inc.		
<u>Form of entity</u>	Corporation		
<u>Jurisdiction</u>	Colorado		
<u>Street address</u>	6881 South Yosemite Street		
	<i>(Street number and name)</i>		
	Centennial	CO	80111
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	<i>(Country)</i>	
<u>Mailing address</u>	_____		
<i>(leave blank if same as street address)</i>	<i>(Street number and name or Post Office Box information)</i>		
	_____	_____	_____
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	<i>(Country)</i>	

<u>ID Number</u>	_____		
	<i>(Colorado Secretary of State ID number)</i>		
<u>Entity name or true name</u>	_____		
<u>Form of entity</u>	_____		
<u>Jurisdiction</u>	_____		

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

(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, 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

ID Number

20041233032

(Colorado Secretary of State ID number)

Entity name or true name

Madison Street Provider Network, Inc.

Form of entity Corporation

Jurisdiction Colorado

Street address 55 Madison Street
(Street number and name)

Suite 355

Denver CO 80209
(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)

3. Each merging entity has been merged into the surviving entity.

4. (If the following statement applies, adopt the statement by marking the box.)

The plan of merger provides for amendments to a constituent filed document of the surviving entity and an appropriate statement of change or other document effecting the amendments will be delivered to the Secretary of State for filing pursuant to Part 3 of Article 90 of Title 7, C.R.S.

5. (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 There are no registered trademarks.

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.

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)

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 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

Stromberg	Wallis	S	
(Last)	(First)	(Middle)	(Suffix)
1550 17th Street			
(Street number and name or Post Office or apt. no.)			
Suite 500			
Denver	CO	80202	
(City)	(State)	(ZIP/Postal Code)	
(Province - if applicable)	(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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