

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM311871

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Nursing Home Quality, LLC		03/16/2011	LIMITED LIABILITY COMPANY: UNITED STATES
RECEIVING PARTY DATA			
Name:	Providigm, LLC		
Street Address:	8055 East Tufts Avenue, STE. 1200		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80237		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3476135	ABAQIS	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	PTOMail@mfbllaw.com		
Correspondent Name:	Marsh Fischmann & Breyfogle LLP		
Address Line 1:	8055 E. Tufts Ave., STE 450		
Address Line 4:	Denver, COLORADO 80237		
ATTORNEY DOCKET NUMBER:	50671-00022		
NAME OF SUBMITTER:	Daniel J. Sherwinter		
SIGNATURE:	/Daniel J. Sherwinter/		
DATE SIGNED:	07/25/2014		
Total Attachments: 4			
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source=Name Change#page2.tif			
source=Name Change#page3.tif			
source=Name Change#page4.tif			

OP \$40.00 3476135



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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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:

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 the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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

<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 name and number or Post Office Box information)</small>			
<hr/>			
<u>Denver</u>	<u>CO</u>	<u>80202</u>	
<small>(City)</small>	<small>(State)</small>	<small>(Postal/Zip Code)</small>	
<u>United States</u>			
<small>(Province – if applicable)</small>		<small>(Country – if not US)</small>	

(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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Document number: 20121328114
 Amount Paid: \$10.00

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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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