

07/24/2014



Form TO-994 (Rev. 11)
OMB Collection 0651-0097 (exp. 04/30/20)

103668363

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

900245219 07/24/14 612572006

1. Name of conveying party(ies):
 WELLS FARGO BANK, NA
 299 South Main St 9th Floor
 SALT LAKE CITY, UTAH

Individual(s) Association
 Partnership Limited Partnership
 Corporation- State: California
 Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes No
 Additional names, addresses, or citizenship attached?

Name: Canyon Medical, LLC
 Street Address: 9883 South 500 West
 City: Sandy
 State: Utah
 Country: USA Zip: 84070

Individual(s) Citizenship _____
 Association Citizenship _____
 Partnership Citizenship _____
 Limited Partnership Citizenship Delaware
 Corporation Citizenship _____
 Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) 1-25-13

Assignment Merger
 Security Agreement Change of Name
 Other Release

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____ Text _____
 B. Trademark Registration No.(s) _____

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Wells Fargo Bank, NA
 Internal Address: ATTN: Kristin Tullio
 Street Address: 1700 Lincoln St 3rd Floor, MAC C7300-033
 City: Denver
 State: CO Zip: 80203
 Phone Number: 303-863-5671
 Docket Number: _____
 Email Address: Kristin.Tullio@wellsfargo.com

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 80.00

Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

Deposit Account Number _____
 Authorized User Name: ANGUYEN1 00000007 85790398

9. Signature: Kristin Tullio
 Signature
Kristin Tullio Agent
 Name of Person Signing

01 FC:0000	22-14	40.00 OP
02 FC:0527		25.00 OP
03 FC:9998		15.00 OP

Total number of pages including cover sheet, attachments, and document: 9

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 005330 FRAME: 0091

Schedule A to Trademark Security Agreement

TRADEMARKS

Mark	Serial / Registration Number	Filing / Registration Date	Country
INGRAM MEDICAL	85790398	November 29, 2012	U.S.
IM	85790426	November 29, 2012	U.S.

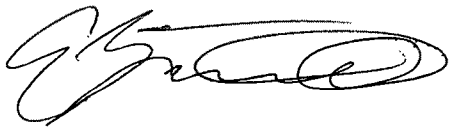
July 22, 2014

USPTO
Trademark Division
RE: Canyon Medical LLC

To Whom it May Concern,

The Commitment between Wells Fargo Bank, N.A. has been paid in full. Please release the trademarks indicated for this customer.

Regards,



Edgar Zarate
Assistant Vice President
303-863-6115