

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM322878

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Mid Rogue Independent Physician Association, Inc.		10/30/2014	CORPORATION: OREGON
RECEIVING PARTY DATA			
Name:	AllCare Health Plan, Inc.		
Street Address:	740 SE 7th Street		
City:	Grants Pass		
State/Country:	OREGON		
Postal Code:	97526		
Entity Type:	CORPORATION: OREGON		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	85817592	ALL CARE	
Serial Number:	86390055	ALLCARE PEBB FOR ME	
CORRESPONDENCE DATA			
Fax Number:	5032247324		
<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>			
Phone:	(503) 224-6440		
Email:	mbaumann@dunncarney.com		
Correspondent Name:	Merrill J. Baumann, Jr.		
Address Line 1:	851 SW Sixth Avenue		
Address Line 2:	Suite 1500		
Address Line 4:	Portland, OREGON 97204		
ATTORNEY DOCKET NUMBER:	MID18-3		
NAME OF SUBMITTER:	Merrill J. Baumann, Jr.		
SIGNATURE:	/MERRILL J BAUMANN JR/		
DATE SIGNED:	11/11/2014		
Total Attachments: 0			

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