

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM324986

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER AND CHANGE OF NAME
EFFECTIVE DATE:	02/10/2011
SEQUENCE:	1

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Larimer Bank of Commerce		02/10/2011	CORPORATION: COLORADO

NEWLY MERGED ENTITY DATA

Name	Execution Date	Entity Type
Fort Collins Commerce Bank	02/10/2011	CORPORATION: COLORADO

MERGED ENTITY'S NEW NAME (RECEIVING PARTY)

Name:	Fort Collins Commerce Bank
Street Address:	3700 S College Ave, Unit 102
City:	Fort Collins
State/Country:	COLORADO
Postal Code:	80525
Entity Type:	CORPORATION: COLORADO

PROPERTY NUMBERS Total: 17

Property Type	Number	Word Mark
Registration Number:	3080983	V-STAND
Registration Number:	1862541	ULTIMATE
Registration Number:	1725123	ULTIMATE
Registration Number:	1639035	ULTIMATE
Registration Number:	1675107	ULTIMATE
Registration Number:	1687795	ULTIMATE
Serial Number:	76698237	TELELOCK
Serial Number:	76698224	JAMSTANDS
Serial Number:	76698095	ULTIMATE SUPPORT
Serial Number:	76698094	APEX
Serial Number:	76698093	IQ SERIES
Serial Number:	76698092	THE STRENGTH OF INNOVATION
Serial Number:	76698091	GENESIS
Serial Number:	76698238	TOUR SERIES

TRADEMARK

Property Type	Number	Word Mark
Serial Number:	76698236	PRO SERIES
Serial Number:	76698090	CUSTOM SERIES
Serial Number:	76698223	LIVE SERIES

CORRESPONDENCE DATA

Fax Number: 9704920003

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.

Phone: 970-492-0000

Email: crmiles@crmiles.com

Correspondent Name: CR MILES P.C., Craig R. Miles

Address Line 1: 405 Mason Court, Suite 119

Address Line 4: Fort Collins, COLORADO 80524

ATTORNEY DOCKET NUMBER:	461-00
NAME OF SUBMITTER:	Craig R. Miles
SIGNATURE:	/craig miles/
DATE SIGNED:	12/03/2014

Total Attachments: 4

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 02/10/2011 13:55:05

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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

ID Number	<u>20071040701</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>Larimer Bank of Commerce</u>		
Form of entity	<u>Corporation</u>		
Jurisdiction	<u>Colorado</u>		
<u>Street</u> address	<u>1432 E. Mulberry Street</u> <i>(Street number and name)</i>		
	<u>Fort Collins</u> <i>(City)</i>	<u>CO</u> <i>(State)</i>	<u>80524</u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u>USA</u> <i>(Country)</i>	
<u>Mailing</u> address (leave blank if same as street address)	<u></u> <i>(Street number and name or Post Office Box information)</i>		
	<u></u> <i>(City)</i>	<u></u> <i>(State)</i>	<u></u> <i>(ZIP/Postal Code)</i>
	<u></u> <i>(Province – if applicable)</i>	<u></u> <i>(Country)</i>	

Approved for Filing
 Date: 2/10/11
 Toni Chan
 Colorado Division of Banking

ID Number	<u>20071275570</u> <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	<u>Loveland Bank of Commerce</u>		
Form of entity	<u>Corporation</u>		
Jurisdiction	<u>Colorado</u>		

Street address

102 East 29th Street

(Street number and name)

Loveland

(City)

CO

(State)

80538

(ZIP/Postal Code)

USA

(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, 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

20051021535

(Colorado Secretary of State ID number)

Entity name or true name

Fort Collins Commerce Bank

Form of entity Corporation
Jurisdiction Colorado
Street address 3700 S COLLEGE AVE, UNIT 102
(Street number and name)
Fort Collins CO 80525
(City) (State) (ZIP/Postal Code)
USA
(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 _____
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 02/14/2011 12:01 am
(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

Tanis	William		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
Ireland Stapleton Pryor & Pascoe, P.C.			
<i>(Street number and name or Post Office Box information)</i>			
1675 Broadway, Suite 2600			
Denver	CO	80202	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
	USA		
<i>(Province - if applicable)</i>	<i>(Country)</i>		

(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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