

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM332821

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Freelancers Consumer Operated and Oriented Program of Oregon, Inc. DBA Health Republic Insurance Company		01/27/2015	CORPORATION:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Health Republic Insurance Company		
<b>Street Address:</b>	4000 Kruse Way Place		
<b>Internal Address:</b>	Suite 2-300		
<b>City:</b>	Lake Oswego		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97035		
<b>Entity Type:</b>	CORPORATION: OREGON		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4534785	HEALTH REPUBLIC	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5033459252		
<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>			
<b>Phone:</b>	5033459317		
<b>Email:</b>	spotter@healthrepublicinsurance.org		
<b>Correspondent Name:</b>	Susan Potter		
<b>Address Line 1:</b>	4000 Kruse Way Place		
<b>Address Line 2:</b>	Ste 2-300		
<b>Address Line 4:</b>	Lake Oswego, OREGON 97035		
<b>NAME OF SUBMITTER:</b>	Susan P. Potter		
<b>SIGNATURE:</b>	/Susan P. Potter/		
<b>DATE SIGNED:</b>	02/20/2015		
<b>Total Attachments: 0</b>			

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