TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM332859

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Analytic Solutions.com, Inc.		02/04/2008	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	ProLink Solutions, Inc.
Street Address:	98 Inverness Drive East
Internal Address:	Suite 150
City:	Englewood
State/Country:	COLORADO
Postal Code:	80112
Entity Type:	CORPORATION: COLORADO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	78302256	PROLINK

CORRESPONDENCE DATA

Fax Number: 6022406600

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: 602-240-3026
Email: trademarks@shermanhoward.com
Correspondent Name: Michelle Morris, Sherman & Howard L.L.C.
Address Line 1: 201 East Washington Street
Address Line 2: Suite 800
Address Line 4: Phoenix, ARIZONA 85004-2327

ATTORNEY DOCKET NUMBER:	074909.002
NAME OF SUBMITTER:	Michelle M. Morris
SIGNATURE:	/Michelle M. Morris/
DATE SIGNED:	02/21/2015

Total Attachments: 2
source=Articles of Amendment (Name Change) 20081073335#page1.tif
source=Articles of Amendment (Name Change) 20081073335#page2.tif

CH $40.00 78302256

E-Filed

Colorado Secretary of State
Date and Time: 02/04/2008 01:47 PM
Id Number: 19991136476

Document number: 20081073335

Document processing fee
If document is filed on paper $125.00
If document is filed electronically **$ 25.00**
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Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number: 19991136476

1. Entity name: ANALYTIC SOLUTIONS.COM INC.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name: (if applicable) ProLink Solutions, Inc.

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 amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation'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 corporation's period of duration as amended is perpetual, mark this box: ☑

7. *(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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REEL: 005463 FRAME: 0980

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 named in the document as one who has caused it to be delivered.

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

Danser (Last) Daniel (First) J (Middle) _____ (Suffix)

240 Wilcox Street
(Street name and number or Post Office information)

_____

Castle Rock (City) CO (State) 80104 (Postal/Zip Code)

_____ *(Province – if applicable)* United States *(Country – if not US)*

(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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RECORDED: 02/21/2015 REEL: 005463 FRAME: 0981