

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM348960

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	08/29/2008		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MarketPay Associates, LLC		08/26/2008	LIMITED LIABILITY COMPANY: VIRGINIA
RECEIVING PARTY DATA			
Name:	MarketPay Associates, LLC		
Street Address:	600 Grant Street		
Internal Address:	Suite 400		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80203		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2783436	MARKETPAY	
CORRESPONDENCE DATA			
Fax Number:	3012302891		
<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:	3012305242		
Email:	evonvorys@shulmanrogers.com		
Correspondent Name:	Eric J. von Vorys		
Address Line 1:	12505 Park Potomac Avenue		
Address Line 2:	Sixth Floor		
Address Line 4:	Potomac, MARYLAND 20854		
ATTORNEY DOCKET NUMBER:	104778.006		
NAME OF SUBMITTER:	Eric J. von Vorys		
SIGNATURE:	/EricJvonVorys/		
DATE SIGNED:	07/22/2015		
Total Attachments: 5			
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OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

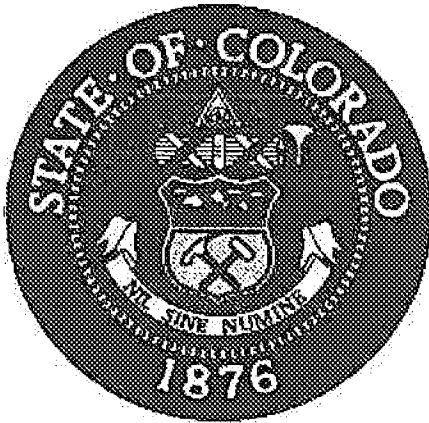
MarketPay Associates, LLC

is a
Limited Liability Company

formed or registered on 07/02/2004 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20041228353 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/26/2008 that have been posted, and by documents delivered to this office electronically through 08/29/2008 @ 11:15:17 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/29/2008 @ 11:15:17 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7170086 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click Business Center and select "Frequently Asked Questions."

CERT_GS_D Revised 01/02/2007

TRADEMARK
REEL: 005583 FRAME: 0259

Document Processing Fee
 If document is on paper: \$60.00
 If document is filed electronically: Currently Not Available
 Fees are subject to change.
 For electronic filing and to obtain
 copies of filed documents visit
www.sos.state.co.us
 Deliver paper documents to:
 Colorado Secretary of State
 Business Division
 1560 Broadway, Suite 200
 Denver, CO 80202-5169
 Paper documents must be typed or machine printed.

RECEIVED
 2004 JUL 16 PM 2:25
 STATE OF COLORADO

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger

filed pursuant to §7-90-301, et seq. and §7-90-203 Colorado Revised Statutes (C.R.S.)

I. Entity name or true name of each
 merging entity:

Entity name or true name: MarketPay Associates, LLC
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity: Limited Liability Company

Jurisdiction under which the
 entity was formed: Colorado

ID number (if applicable): 20041228353

Principal office street address: 12136 W. Bayaud, Suite 100
(Street name and number)

Lakewood CO 80228
(City) (State) (Postal/Zip Code)

(Province -- if applicable) (Country -- if not US)

Principal office mailing address:
 (if different from above) _____
(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province -- if applicable) (Country -- if not US)

Entity name or true name:

Entity name or true name: MarketPay Associates, LLC
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity: Limited Liability Company

Jurisdiction under which the
 entity was formed: Virginia

ID number (if applicable): _____

Principal office street address: 120 Cameron Street, No. 108
(Street name and number)

Alexandria VA 22314
(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

Entity name or true name:

(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity:

Jurisdiction under which the
entity was formed:

ID number (if applicable):

Principal office street address:

(Street name and number)

(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)
(Province - if applicable) (Country - if not US)

(If there are more than three merging entities, mark this box and include an attachment stating the entity name, ID number, and the principal office address of each additional merging entity.)

2. Entity name of the surviving entity:

MarketPay Associates, LLC
(Enter name exactly as it appears in the records of the secretary of state if applicable)

Form of entity:

Limited Liability Company

Jurisdiction under which the
entity was formed:

Colorado

ID number (if applicable):

20041228353

Principal office street address:

12136 W. Bayaud, Suite 100
(Street name and number)

Lakewood CO 80228
(City) (State) (Postal/Zip Code)

Principal office mailing address:
 (if different from above)

(Province - if applicable) (Country - if not US)

(Street name and number or Post Office Box information)

(City) (State) (Postal/Zip Code)

(Province - if applicable) (Country - if not US)

3. New entity name of surviving entity:

Not Applicable

4. 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, make the applicable selection):

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

5. The merging entities are merged into the surviving entity pursuant to this section.

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

OR

If the entity's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

7. If 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, mark this box and state below the document number of each such filed document.

Document number: _____

Document number: _____

(If more than two trademarks, mark this box and include an attachment stating the additional document numbers.)

8. Other amendments, if any, are attached.

9. Additional information may be included. If applicable, mark this box and include an attachment stating the additional information.

10. (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.

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.

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

Lewandowski	Brian	D.	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
c/o Kendall, Dickinson & Koenig PC			
<i>(Street name and number or Post Office Box information)</i>			
1675 Broadway, Suite 750			
Denver	CO	80220	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<i>(Province - if applicable)</i>	<i>(Country - if not US)</i>		

(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.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.