

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM361293

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900342052		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Madison Street Provider Network, Inc.		09/28/2015	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Madison Street Provider Network, LLC		
Street Address:	55 Madison Street		
Internal Address:	Suite 255		
City:	Denver		
State/Country:	COLORADO		
Postal Code:	80206		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3026859	SPIVACK VISION CENTER	
Registration Number:	2325642		
CORRESPONDENCE DATA			
Fax Number:			
<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:	720.457.6134		
Email:	rdrexler@sussexfirm.com		
Correspondent Name:	Regina T. Drexler		
Address Line 1:	1430 Larimer Street		
Address Line 2:	Suite 208		
Address Line 4:	Denver, COLORADO 80207		
ATTORNEY DOCKET NUMBER:	MADISON STREET/IP		
NAME OF SUBMITTER:	Regina T. Drexler		
SIGNATURE:	/Regina T. Drexler/		
DATE SIGNED:	11/05/2015		
Total Attachments: 2			

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source=StatementofConversion#page2.tif



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 Paper documents are not accepted.
 Fees & forms are subject to change.
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Colorado Secretary of State
 Date and Time: 09/28/2015 09:09 AM
 ID Number: 20041233032
 Document number: 20151628070
 Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting 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	20041233032 <i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	Madison Street Provider Network, Inc.		
Form of entity	Corporation		
Jurisdiction	Colorado		
Street address	55 Madison Street <i>(Street number and name)</i>		
	Suite 255		
	Denver <i>(City)</i>	CO <i>(State)</i>	80206 <i>(ZIP/Postal Code)</i>
	United States <i>(Country)</i>		
Mailing address (leave blank if same as street address)	<i>(Street number and name or Post Office Box information)</i>		
	<i>(City)</i> <i>(State)</i> <i>(ZIP/Postal Code)</i>		
	<i>(Province – if applicable)</i>		<i>(Country)</i>

2. The entity name of the resulting entity is Madison Street Provider Network, LLC
(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

5. *(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 _____
(mm/dd/yyyy hour minute am/pm)

Notice:

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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.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

Strombergg	Wallis	S	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
1512 Larimer St			
<i>(Street number and name or Post Office Box information)</i>			
Suite 300			
<hr/>			
Denver	CO	80202	
<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>	
United States			
<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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