

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM383227

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Proaxis Therapy		05/05/2016	Limited Liability Company: SOUTH CAROLINA
RECEIVING PARTY DATA			
Name:	Proaxis Therapy, LLC		
Street Address:	103 N Main St., Ste 300		
City:	Greenville		
State/Country:	SOUTH CAROLINA		
Postal Code:	29601		
Entity Type:	Limited Liability Company: SOUTH CAROLINA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4292297	DON'T JUST RECOVER. CONQUER.	
CORRESPONDENCE DATA			
Fax Number:	3038992059		
<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:	3038997300		
Email:	karina.pulec@hoganlovells.com		
Correspondent Name:	Karina Pulec, Hogan Lovells US LLP		
Address Line 1:	1 Tabor Center, Ste 1500, 1200 17th St.		
Address Line 4:	Denver, COLORADO 80202		
NAME OF SUBMITTER:	Karina Pulec		
SIGNATURE:	/Karina Pulec/		
DATE SIGNED:	05/05/2016		
Total Attachments: 0			

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