

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM383239

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|---|---|------------------------|-------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Apple Physical Therapy, P.S. | | 05/05/2016 | Corporation: WASHINGTON |
| RECEIVING PARTY DATA | | | |
| Name: | Apple Physical Therapy, LLC | | |
| Street Address: | 790 Remington Blvd. | | |
| City: | Boilingbrook | | |
| State/Country: | ILLINOIS | | |
| Postal Code: | 60440 | | |
| Entity Type: | Limited Liability Company: WASHINGTON | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 4021556 | APPLE PHYSICAL THERAPY | |
| Registration Number: | 4021557 | APPLE PHYSICAL THERAPY | |
| 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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