OP \$40.00 4091981

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM413611

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

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
MEDNOW STAFFING, INC.		07/09/2014	Corporation: COLORADO

RECEIVING PARTY DATA

Name:	MedNOW Clinics, Inc.
Street Address:	895 S. Logan Street
City:	Denver
State/Country:	COLORADO
Postal Code:	80209
Entity Type:	Corporation: COLORADO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	4091981	MEDNOW STAFFING

CORRESPONDENCE DATA

Fax Number: 3032927799

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: (303) 292-7882

Email: trademarks.arney@kutakrock.com

Correspondent Name: Neil L. Arney

Address Line 1: 1801 California Street

Address Line 2: Suite 3000

Address Line 4: Denver, COLORADO 80202

NAME OF SUBMITTER:	Neil L. Arney
SIGNATURE:	/NEIL L. ARNEY/
DATE SIGNED:	01/25/2017

Total Attachments: 6

source=NAME CHANGE - MEDNOW STAFFING TO MEDNOW CLINICS#page1.tif source=NAME CHANGE - MEDNOW STAFFING TO MEDNOW CLINICS#page2.tif

source=MEDNOW CLINICS INC - PERIODIC REPORT#page1.tif source=MEDNOW CLINICS INC - PERIODIC REPORT#page2.tif

..... MEDNOM OF INTO INTO IT.

source=MEDNOW CLINICS INC#page1.tif

TRADEMARK REEL: 005973 FRAME: 0640 source=MEDNOW CLINICS INC#page2.tif

TRADEMARK REEL: 005973 FRAME: 0641



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 07/09/2014 10:54 AM

ID Number: 20101562672

Document number: 20141417061

Amount Paid: \$25.00

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:	20101562672
1. Entity name:	MedNOW Staffing Inc. (If changing the name of the corporation, indicate name before the name change)
2. New Entity name: (if applicable)	MedNOW Clinics
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 exchastates the provisions for implementing t	ange, reclassification or cancellation of issued shares, the attachment 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 a	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.

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 b

o be delivered for filing:	Moore	Nathaniel	J	
2	(Last)	(First)	(Middle)	(Suffix
	1660 Holly Street			
	(Street name an	d number or Post Of	fice information)	
	Denver	СО	80220	
	(City)	United S	(Postal/Zip C	Code)
	(Province – if applicable)	(Country-	if not US)	
	me and address of more than one individua he document to be delivered for filing, mar			

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.



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 09/28/2016 08:28 AM

ID Number: 20101562672

Document number: 20161658410

Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number:	20101562672		
Entity name:	MedNOW Clinics, Inc).	
Jurisdiction under the law of which the entity was formed or registered:	Colorado		
1. Principal office street address:	895 S. Logan Street	et name and number	r)
	Denver	CO	 80209
	(City) (Province – if applicable)	(State) United (Country—	(Postal/Zip Code) States
2. Principal office mailing address: (if different from above)	(Street name and nu	umber or Post Office	Box information)
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country-	if not US)
3. Registered agent name: (if an individual)	Moore (Last)	Nathaniel (First)	(Suffix)
or (if a business organization)	(1231)	(1 1131)	(windse) (Suma)
4. The person identified above as registere	d agent has consented to b	peing so appoint	red.
5. Registered agent street address:	895 S. Logan Street		
	(Stre	et name and number	7)
	Denver (City)	CO (State)	80209 (Postal/Zip Code)
	(Chy)	(State)	(rosuszap code)
6. Registered agent mailing address: (if different from above)	(Street name and nu	ımber or Post Office	Box information)
	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country – if r	not US)

REPORT Page 1 of 2 Rev. 12/01/2012

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.

7. Name(s) and address(es) of the individual(s) causing the document to be de

be delivered for filing:	Moore	Nathaniel J	
2	(Last)	(First)	(Middle) (Suffix)
	895 S. Logan Street		
	(Street name an	d number or Post Office Box	(information)
	Denver CO 80209		 9
	(City) Denver	(State) United States	(Postal/Zip Code)
	(Province – if applicable)	(Country – if not US)	-
(The document need not state the true name ar	nd address of more than one individ	ual. However, if you wish to	state the name and address
of any additional individuals causing the docuname and address of such individuals.)	ment to be delivered for filing, mar	k this box and include	an attachment stating the

Disclaimer:

(The

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.



Document must be filed electronically. Paper documents are not accepted. Fees & forms are subject to change. For more information or to print copies of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State

Date and Time: 11/11/2014 04:27 PM

ID Number: 20101562672

Document number: 20141689225

Amount Paid: \$25.00

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:	20101562672
1. Entity name:	MedNOW Clinics (If changing the name of the corporation, indicate name before the name change)
2. New Entity name: (if applicable)	MedNOW Clinics, 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 excha states the provisions for implementing t	nge, reclassification or cancellation of issued shares, the attachment he 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 a	s 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.

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:

be delivered for filing:	Stromberg	Wallis	<u>S</u>	
2	(Last)	(First)	(Middle)	(Suffix
	1550 17th Street, Sui	te 500		
	(Street name an	d number or Post O	ffice information)	
	Denver	СО	80202	
	(City)	(State) United	(Postal/Zip C	Code)
	(Province – if applicable)	(Country-	if not US)	
	me and address of more than one individua he document to be delivered for filing, mar		vish to state the name an include an attachment s	

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.

AMD_PC Page 2 of 2 Rev. 12/01/2012