

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM448271

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Critical Nurse Staffing, Inc.		09/28/2017	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	Critical Nurse Staffing, LLC		
Street Address:	1114 North First Street, Suite 200		
City:	Grand Junction		
State/Country:	COLORADO		
Postal Code:	81501		
Entity Type:	Limited Liability Company: COLORADO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	5034346	CRITICAL NURSE STAFFING, INC.	
Registration Number:	5034345	CNS CRITICAL NURSE STAFFING, INC. CARING	
Serial Number:	87377726	BLACK LUNG CARE SPECIALISTS	
Serial Number:	87510475	MONUMENT HOME HEALTH AND HOSPICE	
Serial Number:	87515969	MONUMENT HOME HEALTH	
CORRESPONDENCE DATA			
Fax Number:	3038630223		
<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:	3038639700		
Email:	cbryce@sheridanross.com		
Correspondent Name:	Caroline E. Bryce		
Address Line 1:	1560 Broadway, Suite 1200		
Address Line 2:	Sheridan Ross P.C.		
Address Line 4:	Denver, COLORADO 80202		
ATTORNEY DOCKET NUMBER:	8177-1		
NAME OF SUBMITTER:	Caroline E. Bryce		
SIGNATURE:	/Caroline E. Bryce/		
DATE SIGNED:	10/23/2017		

CH \$140.00 5034346

Total Attachments: 5

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Colorado Secretary of State
 Date and Time: 09/28/2017 11:22 AM
 ID Number: 20021213626
 Document number: 20171736633
 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 20021213626
(Colorado Secretary of State ID number)

Entity name or true name CRITICAL NURSE STAFFING, INC.

Form of entity Corporation

Jurisdiction Colorado

Street address 1114 North First Street
(Street number and name)
Suite 200
Grand Junction CO 81501
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

Mailing address _____
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

2. The entity name of the resulting entity is CRITICAL NURSE STAFFING, 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)

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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

<u>Link</u>	<u>James</u>	<u>E.</u>	<u>II</u>
(Last)	(First)	(Middle)	(Suffix)
<u>P.O. Box 567</u>			
(Street number and name or Post Office Box information)			
<hr/>			
<u>Ouray</u>	<u>CO</u>	<u>81427</u>	
(City)	(State)	(ZIP/Postal Code)	
<u>United States</u>			
(Province – if applicable)		(Country)	

(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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Articles of Organization

filed pursuant to § 7-80-203 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

CRITICAL NURSE STAFFING, LLC

(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)

(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)

2. The principal office address of the limited liability company's initial principal office is

Street address

1114 North First Street

(Street number and name)

Suite 200

Grand Junction

(City)

CO

(State)

81501

(ZIP/Postal Code)

United States

(Country)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City)

(State)

(ZIP/Postal Code)

(Province – if applicable)

(Country)

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

Ballard

(Last)

J.

(First)

Christopher

(Middle)

(Suffix)

or

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

1114 North First Street

(Street number and name)

Suite 200

Grand Junction

(City)

CO

(State)

81501

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name
(if an individual) Link James E. II
(Last) (First) (Middle) (Suffix)

or

(if an entity) _____
(Caution: Do not provide both an individual and an entity name.)

Mailing address P.O. Box 567
(Street number and name or Post Office Box information)

Ouray CO 81427
(City) (State) (ZIP/Postal Code)
United States
(Province – if applicable) (Country)

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

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (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.)

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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 named in the document as one who has caused it to be delivered.

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

Link James E. II
(Last) (First) (Middle) (Suffix)
P.O. Box 567
(Street number and name or Post Office Box information)
Ouray CO 81427
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