

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM448756

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Mad Maverick, LLC		09/18/2017	Limited Liability Company: COLORADO
RECEIVING PARTY DATA			
Name:	WholeMade, LLC		
Street Address:	240 Walnut Street		
City:	Fort Collins		
State/Country:	COLORADO		
Postal Code:	80524		
Entity Type:	Limited Liability Company: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	86368933	SALUS	
Serial Number:	86396175	SALUS	
CORRESPONDENCE DATA			
Fax Number:	7205364900		
<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:	7205364900		
Email:	rene@nodiplay.com		
Correspondent Name:	Neugeboren O'Dowd PC		
Address Line 1:	1227 Spruce Street		
Address Line 2:	Suite 200		
Address Line 4:	Boulder, COLORADO 80302		
NAME OF SUBMITTER:	Shane Percival		
SIGNATURE:	/Shane Percival/		
DATE SIGNED:	10/26/2017		
Total Attachments: 2			
source=WholeMAde LLC with Colorado#page1.tif			
source=WholeMAde LLC with Colorado#page2.tif			

OP \$65.00 86368933



Colorado Secretary of State
 Date and Time: 09/18/2017 10:09 AM
 ID Number: 20041274717
 Document number: 20171697864
 Amount Paid: \$25.00

Document must be filed electronically.
 Paper documents are not accepted.
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 For more information or to print copies
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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 20041274717
 (Colorado Secretary of State ID number)

Entity name Mad Maverick, LLC

2. The new entity name (if applicable) is WholeMade, LLC

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

This document contains additional amendments or other information.

4. (**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 is/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.

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

Klaver Jerell _____
 (Last) (First) (Middle) (Suffix)

240 Walnut Street
 (Street name and number or Post Office Box information)

Fort Collins CO 80524
 (City) (State) (Postal/Zip Code)

 (Province – if applicable) United States
 (Country – if not US)

(If the following statement applies, adopt the 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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