

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM482843

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Northwestern Management Services, LLC		10/12/2016	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Sage Dental Management, LLC		
Street Address:	951 Broken Sand Parkway, Suite 250		
City:	Boca Raton		
State/Country:	FLORIDA		
Postal Code:	33487		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	87400822	SAGE DENTAL KIDS	
Registration Number:	4745032	SAGE DENTAL	
CORRESPONDENCE DATA			
Fax Number:			
<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:	3055056751		
Email:	stephanie@yourtrademarkfirm.com		
Correspondent Name:	Stephanie C. Alvarez		
Address Line 1:	901 Ponce de Leon Blvd., Suite 305		
Address Line 4:	Coral Gables, FLORIDA 33134		
NAME OF SUBMITTER:	Stephanie C. Alvarez		
SIGNATURE:	/Stephanie C. Alvarez/		
DATE SIGNED:	07/20/2018		
Total Attachments: 0			

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