

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Hospice of Larimer County		10/25/2011	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Pathways Hospice		
Street Address:	305 Carpenter Road		
City:	Fort Collins		
State/Country:	COLORADO		
Postal Code:	80525		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3657812		
Registration Number:	3915477	PATHWAYS	
Registration Number:	3915461	PATHWAYS HOSPICE	
CORRESPONDENCE DATA			
Fax Number:	(970)492-0003		
Phone:	(970) 492-0000		
Email:	clanderson@crmiles.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	CR MILES P.C.		
Address Line 1:	405 Mason Court, Suite 119		
Address Line 4:	Fort Collins, COLORADO 80524		
ATTORNEY DOCKET NUMBER:	248-00		
NAME OF SUBMITTER:	Cheryl L. Anderson		

OP \$90.00 3657812

Signature:	/Cheryl L. Anderson/
Date:	01/24/2012
Total Attachments: 2 source=Articles of Amendment to Articles of Incorporation#page1.tif source=Articles of Amendment to Articles of Incorporation#page2.tif	



Colorado Secretary of State
 Date and Time: 10/25/2011 01:14 PM
 ID Number: 19871364313

Document must be filed electronically.
 Paper documents will not be accepted.

Document processing fee
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 are subject to change.

\$25.00

Document number: 20111594563
 Amount Paid: \$25.00

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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

- ID number 19871364313
1. Entity name HOSPICE OF LARIMER COUNTY
(If changing the name of the corporation, indicate name BEFORE the name change)
2. New Entity name
 (if applicable) Pathways Hospice
3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*
 Other amendments are attached.
4. If the nonprofit 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 nonprofit corporation's period of duration as amended is perpetual, mark this box
5. *(Optional)* Delayed effective date _____
(mm/dd/yyyy)
6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If
 applicable, mark this box and include an attachment stating the additional information.

Notice:

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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.

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

Anderson Cheryl L.
(Last) (First) (Middle) (Suffix)
CR MILES P.C.
(Street name and number or Post Office Box information)
405 Mason Court, Suite 119
Fort Collins CO 80524
(City) (State) (Postal/Zip Code)
United States
(Province - if applicable) (Country - if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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