

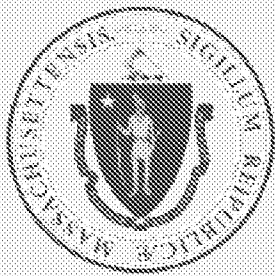
TRADEMARK ASSIGNMENT

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
Emerge Clinical Site Relations, LLC		01/09/2012	LIMITED LIABILITY COMPANY: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	ClinEdge, LLC		
Street Address:	45 Pearl Street		
Internal Address:	Suites B & C		
City:	Brockton		
State/Country:	MASSACHUSETTS		
Postal Code:	02301		
Entity Type:	LIMITED LIABILITY COMPANY: MASSACHUSETTS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85507327	CLINEDGE	
CORRESPONDENCE DATA			
Fax Number:	5085993010		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	508-599-3018		
Email:	keb@psh.com		
Correspondent Name:	Kerri E. Burke, Esq.		
Address Line 1:	1700 West Park Drive		
Address Line 2:	Suite 200		
Address Line 4:	Westborough, MASSACHUSETTS 01581		
ATTORNEY DOCKET NUMBER:	11107-2		
NAME OF SUBMITTER:	Kerri E. Burke		

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Signature:	/keb/
Date:	09/05/2012
Total Attachments: 2 source=The Commonwealth of Massachusetts William Francis Galvin - Public Browse and#page1.tif source=The Commonwealth of Massachusetts William Francis Galvin - Public Browse and#page2.tif	



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

CLINEDGE, LLC Summary Screen

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The exact name of the Domestic Limited Liability Company (LLC): CLINEDGE, LLC

The name was changed from: EMERGE CLINICAL SITE RELATIONS, LLC on 1/9/2012

Entity Type: Domestic Limited Liability Company (LLC)

Identification Number: 001043968

Date of Organization in Massachusetts: 01/10/2011

The location of its principal office:

No. and Street: 45 PEARL STREET, SUITE B&C
City or Town: BROCKTON State: MA Zip: 02301 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:
City or Town: State: Zip: Country:

The name and address of the Resident Agent:

Name: ALFRED PETERS
No. and Street: 45 PEARL STREET, SUITES B&C
City or Town: BROCKTON State: MA Zip: 02301 Country: USA

The name and business address of each manager:

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>

The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division.

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
SOC SIGNATORY	ALFRED PETERS	45 PEARL STREET, SUITE B&C BROCKTON, MA 02301 USA

TRADEMARK

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The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	ALFRED PETERS	45 PEARL STREET, SUITE B&C BROCKTON, MA 02301 USA

- Consent Manufacturer Confidential Data Does Not Require Annual Report
 Partnership Resident Agent For Profit Merger Allowed

Select a type of filing from below to view this business entity filings:

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- Annual Report - Professional
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- Certificate of Cancellation

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