

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
United States Swimming, Inc.		12/20/2010	nonprofit corporation: COLORADO
RECEIVING PARTY DATA			
Name:	USA Swimming, Inc.		
Street Address:	One Olympic Plaza		
City:	Colorado Springs		
State/Country:	COLORADO		
Postal Code:	80909		
Entity Type:	nonprofit corporation: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3322652	DECK PASS	
CORRESPONDENCE DATA			
Fax Number:	7196331518		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	7194733800		
Email:	jill.chalmers@bryancave.com, judi.cope@bryancave.com		
Correspondent Name:	Jill J. Chalmers		
Address Line 1:	90 S. Cascade Ave., Suite 1300		
Address Line 4:	Colorado Springs, COLORADO 80903		
ATTORNEY DOCKET NUMBER:	C312545.0543917		
NAME OF SUBMITTER:	Jill J. Chalmers		
Signature:	/jill j. chalmers/		

CH \$40.00 3322652

Date:

09/18/2013

Total Attachments: 2

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Colorado Secretary of State
 Date and Time: 12/20/2010 12:13 PM
 ID Number: 20051395342
 Document number: 20101687397
 Amount Paid: \$25.00

Document must be filed electronically.
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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 20051395342

1. Entity name United States Swimming, Inc.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name (if applicable) USA Swimming, Inc.

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

Kennedy Erich T.
(Last) (First) (Middle) (Suffix)

Holme Roberts & Owen LLP
(Street name and number or Post Office Box information)

90 South Cascade Avenue, Suite 1300

Colorado Springs CO 80903-1615
(City) (State) (Postal/Zip Code)

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

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