OP \$40.00 3220789

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM369407

Stylesheet Version v1.2

SUBMISSION TYPE:NEW ASSIGNMENTNATURE OF CONVEYANCE:CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
The Sage Partnership, LLP		12/26/2005	LIMITED LIABILITY PARTNERSHIP:

RECEIVING PARTY DATA

Name:	Meristem, LLP	
Street Address:	601 Carlson Parkway	
Internal Address:	Suite 800	
City:	Minnetonka	
State/Country:	MINNESOTA	
Postal Code:	55305	
Entity Type:	LIMITED LIABILITY PARTNERSHIP: MINNESOTA	

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	3220789	MERISTEM

CORRESPONDENCE DATA

Fax Number: 9529959577

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.

Phone: 9529959500

Email: tara.anderson@fmjlaw.com

Correspondent Name: Tara J. Anderson

Address Line 1: 775 Prairie Center Drive

Address Line 2: Suite 400

Address Line 4: Eden Prairie, MINNESOTA 55344

NAME OF SUBMITTER:	Tara J. Anderson
SIGNATURE:	/tja/
DATE SIGNED:	01/15/2016

Total Attachments: 1

source=Sage to Meristem_20151110130113 (2)#page1.tif

TRADEMARK REEL: 005710 FRAME: 0549

LLF-OT-Statement of Amendment CN





MINNESOTA SECRETARY OF STATE STATEMENT OF AMENDMENT OF CANCELLATION CHAPTER 323A

PLEASETYPE OR PRINT IN BLACK INK.

Please read the instructions below before completing. Fee: \$135

A Bucklish a color or blancare	
Provide the partnership name:	
The Sage Partnership, LLP	
2. Identify the statement this amendment or cancellation pertains to Statement of Partnership Authority Statement of Dissolution Statement of Merger Statement of Dissociation Statement of Denial LLP Statement	
State the substance of your amendment OR cancellation in the b room in the box provided.	ox provided, NOTE: Use an auditionar sheet hypertender of
The name of the partnership is changed from "The Sage	Partnership, LLP" to "Meristem, LLP"
This amendment shall be effective as of December 4, 2	005
	STATE OF MINNESOTA PERAHTMENT OF STATE DEC 06 2005 Many/Hyman Secretary of State
4. I acknowledge that this statement of amendment OR cancellation sign this document on my behalf, or on behalf of this partnership and the penalties of perjury as set forth in Minnesota Statutes, section 60 this statement must be signed by at least two (2) partners, if it permerger, dissolution partnership authority). Signature of a partner Charles Maxwell, Tr. (952) 835-2577 Print name and daytime telephone number 10980524 Rev. 05/01	I I further certify that by signing this document I am subject to 19.48 as if I had signed this document under oath. Note that

TRADEMARK REEL: 005710 FRAME: 0550

RECORDED: 01/15/2016