

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM430577

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Rehabilitation Institute of Chicago		01/10/2017	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	Rehabilitation Institute of Chicago		
Doing Business As:	Shirley Ryan AbilityLab		
Street Address:	355 East Erie Street		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60611		
Entity Type:	Corporation: ILLINOIS		
PROPERTY NUMBERS Total: 16			
Property Type	Number	Word Mark	
Registration Number:	4084220	ADVANCING HUMAN ABILITY	
Registration Number:	4410040	ADVANCING ABILITY	
Registration Number:	4238730	ABILITY LAB	
Registration Number:	4515138	ABILITY INSTITUTE	
Registration Number:	4518261	ABILITYLAB	
Serial Number:	87091428	ABILITY GARDEN	
Registration Number:	4800631	ABILITYLABS	
Serial Number:	86274168	ABILITY LABS	
Serial Number:	86796858	ABILITYLAB	
Serial Number:	86811928	ADVANCE HUMAN ABILITY	
Serial Number:	86963103	ABILITYQUOTIENT	
Serial Number:	87319268	SOUL MOVES FIRST	
Serial Number:	87321026	SPIRIT MOVES FIRST	
Serial Number:	87390061	THE SCIENCE TO GET YOUR LIFE BACK	
Serial Number:	86963146	AQ	
Serial Number:	86796865	A	
CORRESPONDENCE DATA			
TRADEMARK			

CH \$415.00 4084220

Fax Number: 3125693459

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: 3125691459

Email: ipdocketchicago@dbr.com

Correspondent Name: Drinker Biddle & Reath LLP

Address Line 1: 191 North Wacker Drive

Address Line 2: Suite 3700

Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	502512
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NAME OF SUBMITTER:	Melissa S. Dillenbeck
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SIGNATURE:	/Melissa S. Dillenbeck/
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DATE SIGNED:	06/08/2017
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Total Attachments: 2

source=IL SOS Assumed Name 1.19.17#page1.tif

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Form **NFP 104.15/20** (Rev. Aug. 2014)
**APPLICATION TO ADOPT, CHANGE OR
CANCEL an ASSUMED CORPORATE NAME**
General Not For Profit Corporation Act

FILED

JAN 19 2017

JESSE WHITE
SECRETARY OF STATE

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9520
217-782-6961
www.cyberdriveillinois.com

Payment must be made by check or money order
payable to Secretary of State.

Filing fee \$ 90.00 File # 32725945 Approved: yjn

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name: Rehabilitation Institute of Chicago
2. State or Country of Incorporation: Illinois
3. Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation):
September 5, 1951
Month & Day Year

Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.

4. Corporation intends to adopt and to transact business under the assumed corporate name of:
Shirley Ryan AbilityLab
5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secretary of State until September 1, 2020, the first day of the corporation's anniversary month in the next year evenly divisible by five.
Month & Day Year

Complete No. 6 if changing or cancelling an assumed corporate name.

6. Corporation intends to cease transacting business under the assumed corporate name of:
N/A
7. The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated January 10, 2017 Rehabilitation Institute of Chicago
Month & Day Year Exact Name of Corporation

Nancy E. Paridy
Authorized Officer's Signature

Nancy E. Paridy, Corporate Secretary
Name and Title (type or print)

NOTE: The filing fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$5.



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JANUARY 19, 2017

3272-594-5

LAURA CHAPMAN
THE REHABILITATION INSTITUTE OF CHICAGO
446 E ONTARIO ST, STE 1019
CHICAGO, IL 60611

RE REHABILITATION INSTITUTE OF CHICAGO

DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE CORPORATION CREDITED WITH THE REQUIRED FEE.

THE DUPLICATE COPY IS ENCLOSED.

SINCERELY,

JESSE WHITE
SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
CORPORATION DIVISION
TELEPHONE (217) 782-6961

JW:CD