

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM480264

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Vets Plus, Inc.		07/02/2018	Corporation: WISCONSIN
RECEIVING PARTY DATA			
Name:	Clinics Choice, LLC		
Street Address:	902 Stokke Pkwy.		
City:	Menomonie		
State/Country:	WISCONSIN		
Postal Code:	54751		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5100957	CLINIC'S CHOICE	
CORRESPONDENCE DATA			
Fax Number:	6082529243		
<i>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.</i>			
Phone:	6082558891		
Email:	mal@dewittross.com		
Correspondent Name:	Marcia Layton		
Address Line 1:	DeWitt Ross & Stevens S.C.		
Address Line 4:	Madison, WISCONSIN 53703-2865		
NAME OF SUBMITTER:	Marcia Layton		
SIGNATURE:	/marcialayton/		
DATE SIGNED:	07/02/2018		
Total Attachments: 3			
source=USPTO--180702--Assignment--CLINIC'S_CHOICE--EXECUTED--Vets_Plus_to_Clinics_Choice#page1.tif			
source=USPTO--180702--Assignment--CLINIC'S_CHOICE--EXECUTED--Vets_Plus_to_Clinics_Choice#page2.tif			
source=USPTO--180702--Assignment--CLINIC'S_CHOICE--EXECUTED--Vets_Plus_to_Clinics_Choice#page3.tif			

OP \$40.00 5100957

ASSIGNMENT OF MARK

This document is an ASSIGNMENT made by Vets Plus, Inc, a Wisconsin corporation located and doing business at 302 Cedar Falls Road, Menomonie, WI 54751 (hereinafter the ASSIGNOR), to Clinics Choice, LLC, a Wisconsin limited liability company located and doing business at 902 Stokke Pkwy., Menomonie, WI 54751 (hereinafter the ASSIGNEE).

ASSIGNOR has adopted, used, is using and is the owner of the following mark as identified in the following document on file in the U.S. Patent and Trademark Office:

Mark	Application Serial No.	Application Filing Date	Registration No.	Registration Date
CLINIC'S CHOICE	86/522,527	February 3, 2015	5,100,957	December 13, 2016

ASSIGNEE wishes to acquire the mark, its registration, and the goodwill symbolized by the mark.

THEREFORE, for good and valuable consideration provided by ASSIGNEE to ASSIGNOR, the receipt and sufficiency of which is hereby mutually acknowledged:

As of the final date of execution by ASSIGNOR or ASSIGNEE below, ASSIGNOR sells, assigns, and transfers to ASSIGNEE all of its rights, title and interest in and to the above-noted mark, all above-noted registrations of and applications to register the mark, and all goodwill associated with and symbolized by the mark. ASSIGNOR represents and warrants that it has the full power to enter into and perform this agreement.

ASSIGNOR further assigns to ASSIGNEE all right to sue for and receive all damages accruing from past infringements of the marks herein assigned.

This agreement shall be binding upon and shall inure to the benefit of the heirs, legal representatives, successors, and assigns of ASSIGNOR and ASSIGNEE, as well as all others acting by, through, with or under their direction, and all those in privity therewith.

This agreement shall be construed under and pursuant to the laws of the State of Wisconsin, and the form and venue for any conflict shall be a court located in the State of Wisconsin or within any other state in which it is alleged by the plaintiff that the defendant has violated this agreement.

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Executed by ASSIGNOR Vets Plus, Inc.:

07/02/2018
Month / Day / Year

David Nelson
Signature

David Nelson
Printed Name

President
Title

The person signing above (1) appeared before me; (2) provided identification verifying that he/she is the person whose name and signature is set forth above; (3) verified that he/she understands the type, intended purpose, and effect of this document; (4) verified that this document is signed voluntarily, as an act of his/her own free will; and (5) either signed the document above, or confirmed that he/she made the signature above.

State of:

WI

Karl Wayne
NOTARY PUBLIC -- NAME

SEAL

County of:

Dunn

7/2/2018
DATE OF NOTARIZATION

KARL A WAYNE
Notary Public, State of Wisconsin

My Commission Expires March 21, 2021

My commission expires:

March 21, 2021

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Executed by ASSIGNEE Clinics Choice, LLC:

07/02/2018
Month / Day / Year

[Signature]
Signature

Swati Lall
Printed Name

Member
Title

The person signing above (1) appeared before me; (2) provided identification verifying that he/she is the person whose name and signature is set forth above; (3) verified that he/she understands the type, intended purpose, and effect of this document; (4) verified that this document is signed voluntarily, as an act of his/her own free will; and (5) either signed the document above, or confirmed that he/she made the signature above.

State of:

WI

[Signature]
NOTARY PUBLIC NAME

SEAL

County of:

Dunn

7/2/2018
DATE OF NOTARIZATION

KARLA WAYNE
Notary Public, State of Wisconsin

My Commission Expires March 21, 2021

My commission expires:

March 21, 2021

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