

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM515405

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>RESUBMIT DOCUMENT ID:</b>	900488564		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Rehabilitation Institute of Chicago		01/10/2017	Non-Profit Corporation: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Rehabilitation Institute of Chicago		
<b>Doing Business As:</b>	Shirley Ryan AbilityLab		
<b>Street Address:</b>	355 East Erie Street		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60611		
<b>Entity Type:</b>	Non-Profit Corporation: ILLINOIS		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3588024	ORLA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3125693000		
<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>			
<b>Phone:</b>	3125691459		
<b>Email:</b>	ipdocketchicago@dbr.com		
<b>Correspondent Name:</b>	Drinker Biddle & Reath LLP		
<b>Address Line 1:</b>	191 North Wacker Drive, Suite 3700		
<b>Address Line 2:</b>	c/o Melissa S. Dillenbeck, Esq.		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60606		
<b>ATTORNEY DOCKET NUMBER:</b>	RIC011USA-502513		
<b>NAME OF SUBMITTER:</b>	Melissa S. Dillenbeck		
<b>SIGNATURE:</b>	/Melissa S. Dillenbeck/		
<b>DATE SIGNED:</b>	03/21/2019		
<b>Total Attachments: 2</b>			
source=RIC Change of Name doc#page1.tif			



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 # 32725745 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  
Any 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