# 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
Corr-Jensen Labs, Inc.		08/29/2012	CORPORATION: COLORADO

### **RECEIVING PARTY DATA**

Name:	Corr-Jensen, Inc.
Street Address:	221 South Cherokee Street
City:	Denver
State/Country:	COLORADO
Postal Code:	80223
Entity Type:	CORPORATION: COLORADO

PROPERTY NUMBERS Total: 10

Property Type	Number	Word Mark
Serial Number:	85165292	AB CUTS
Registration Number:	3508036	ABDOMINAL CUTS
Registration Number:	3632985	EVERY ATHLETE. EVERY SPORT.
Registration Number:	3632900	GAME TIME
Serial Number:	77503585	POST GAME
Registration Number:	3632901	PRE SEASON
Registration Number:	3508037	REVOLUTION CORR-JENSEN LABS
Registration Number:	3778806	[TD] TRAINING DAY
Registration Number:	3508038	THERMOGENIC PUSH
Registration Number:	3632818	TRAINING DAY

### **CORRESPONDENCE DATA**

3032230942 Fax Number:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

**TRADEMARK** 

**REEL: 004895 FRAME: 0410** 

900237985

Phone: (303)223-1142 Email: eholmes@bhfs.com Correspondent Name: Emily C. Holmes Address Line 1: 410 Seventeenth Street Address Line 2: Suite 2200

Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER: 012358.0006 NAME OF SUBMITTER: Emily C. Holmes Signature: /emilycholmes/ Date: 11/07/2012

Total Attachments: 2

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> **TRADEMARK** REEL: 004895 FRAME: 0411



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Colorado Secretary of State

Date and Time: 08/29/2012 03:37 PM

ID Number: 20071382686

Document number: 20121472169 \$25.00

Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

## Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

20071392696

ID number:	20071382686
1. Entity name:	Corr-Jensen Labs, Inc.
	(If changing the name of the corporation, indicate name BEFORE the name change)
2. New Entity name: (if applicable)	Corr-Jensen, Inc.
3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	""""""""""""""""""""""""""""""""""""""
4. Other amendments, if any, are attached	
5. If the amendment provides for an excha states the provisions for implementing t	ange, reclassification or cancellation of issued shares, the attachment he amendment.
6. If the 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 corporation's period of duration a	s amended is perpetual, mark this box:
7. (Optional) Delayed effective date:	(mm/dd/yyyy)
Notice:	

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

AMD\_PC Page 1 of 2 Rev. 5/01/2010

> **TRADEMARK** REEL: 004895 FRAME: 0412

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

Mares		Sara			
	(Last)	(First)		(Middle)	(Suffix)
Browns	ein Hyatt Fa	rber Schreck	LLF	•	
410 17t	(Street name at h St., STE 2:	nd number or Post ( 200	Mice	information)	
Denver		co	8	30202	
	(City)	(State) United	Sta	(Postal/Zip C tes	'ode)
(Provi	nce – if applicable)	(Country	- if ne	ot US)	
d address of m	ore than one individ	hial. However, if yo	u wis	h to state the name a	md address

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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Page 2 of 2

Rev. 5/01/2010

TRADEMARK REEL: 004895 FRAME: 0413