



Electronic Trademark Assignment System

Confirmation Receipt

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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the nature of the conveyance and form of entity of the assignee previously recorded on Reel 001585 Frame 0369. Assignor(s) hereby confirms the assignment of the entire interest and the goodwill.

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Advanstar Communications Inc.		01/04/1996	Corporation: NEW YORK

RECEIVING PARTY DATA

Name:	American Academy of Neurology	
Street Address:	201 Chicago Avenue	
City:	Minneapolis	
State/Country:	MINNESOTA	
Postal Code:	55415	
Entity Type:	Non-Profit Corporation: MINNESOTA	

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark	
	- Control of the Cont		

Registration Number:	1841804	NEUROLOGY		
CORRESPONDENCE DATA				
Fax Number: 6126077100 Phone: 612-607-7325 Email: bgrahn@foxrothschild.com 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. Correspondent Name: Barbara Grahn Address Line 1: 222 S Ninth Street Address Line 2: Suite 2000 Address Line 4: Minneapolis, MINNESOTA 55402				
ATTORNEY DOC NUMBER:	KET	227037.00051		
NAME OF SUBMITTER:		Barbara J. Grahn		
Signature:		/bjg/		
Date:		04/25/2016		
Total Attachments: 2 source=NEUROLOGY Assignment#page1.tif source=NEUROLOGY Assignment#page2.tif				
RECEIPT INFORMATION				
ETAS ID: Receipt Date: Fee Amount:	Receipt Date: 04/25/2016			

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