

Read other side before
completing application

STATE OF WYOMING
Secretary of State
State Capitol, Cheyenne, WY 82002

PLEASE TYPE

APPLICATION FOR REGISTRATION OF TRADEMARK OR SERVICE MARK

1. Be it known that the applicant WINhealth Partners has heretofore adopted and used a certain trademark and hereby makes application for registration of such trademark.

2. Business address of applicant is: 2600 East 18th Street
Cheyenne, WY 82001

3. Mailing address of applicant is: 2600 East 18th Street
Cheyenne, WY 82001

4. Applicant is: (a) individual (b) partnership (c) a corporation (d) other (CIRCLE ANSWER) If (b) give names and address of partners: _____

If (c) show when and where incorporated (STATE) _____ (DATE) _____

If (d) explain: Non-profit Corporation, Incorporated ~~09-06-95~~ 8-26-94 BW

5. Provide a written description of trademark or service mark. Your description must include all words, names, symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.

WIN, WINhealth Partners
(WIN is an acronym for Wyoming Integrated Network)

6. Provide the class number and title of the goods or services (see reverse) use only one class code per registration. 100

7. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide.) Health Services

8. List the mode or manner in which the mark is used to identify the goods or services (e.g., goods-labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services-labels on laundry bags, advertising, window signs, etc.) Advertising and Promotional Materials

9. Date of first use by applicant or predecessor:

(a) Anywhere _____ The mark must have been used
(b) In this State 09-01-96 before it may be registered

10. Three specimens or facsimiles of the mark as it is actually used must accompany this application.

State of Wyoming)ss.
County of Laramie)

WIN

Both Wasson, being first duly sworn, deposes and says that he is
(title) Executive Director of the applicant and makes this affidavit on behalf of the applicant. He has read the above application, and the facts set out therein are true; he believes the applicant to be the owner of the mark sought to be registered; to his best knowledge and belief no other person, firm, corporation or association has the right to use said mark in this State, either in the identical form or in such near resemblance thereto as might be calculated to deceive.

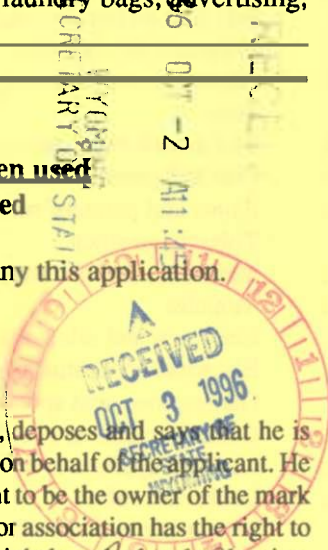
Date: 10-2-96 Signature: [Signature] Signature available on original document

Subscribed and sworn to before me this 2nd day of October, 1996.



Susan C Castaneda
Notary Public

My Commission Expires January 1997



SEAL

WIN
WINHEALTH PARTNERS
2600 E. 18TH STREET
CHEYENNE, WY 82001

96. 315 727 TM

FILED: 07/10/2006
CID: 1996-00315727
WY Secretary of State

Doc. ID: 2006-00517905

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

Phone (307) 777-7311/7312
Fax (307) 777-5339
E-mail: corporations@state.wy.us

**APPLICATION FOR RENEWAL OF
TRADEMARK OR SERVICE MARK REGISTRATION**

2006 JUL 10 11:01 AM
SECRETARY OF STATE

1. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which appear on the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.

WINhealth Partners WINGW

2. Name of applicant: WINhealth Partners

3. Business address of applicant: 1200 E. 20th Street Cheyenne, WY

4. Mailing address of applicant: 82001

5. Applicant is: (a) individual; (b) corporation; (c) limited partnership; (d) general partnership; (e) limited liability company; (f) statutory trust; (g) other (CHECK ANSWER)

If (b) (c) (e) or (f) show when and where incorporated or organized: (STATE) WY
(DATE) 08-26-04 BW

If (c) or (d) list the names of the general partners: N/A

If (e) or (f) list the names of the managers, members or trustees: N/A

If (g) explain: N/A

6. Date of original registration in the office of the Wyoming Secretary of State: 08-26-1994 BW
10-02096

7. Provide the class number and title of the goods or services (see reverse) use only one class code per renewal.
Service Code - 102

8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide.)
Health Insurance

2006 JUN 27 11:01 AM
RECEIVED

9. List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.)

Advertising

10. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes _____ No

If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefor.

N/A

11. Three specimens or facsimiles of the mark as it is actually used must accompany this renewal application.

12. The applicant is the owner of the mark. The mark has been and is still in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: 06-19-06

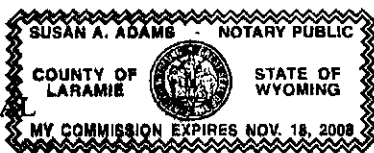
Signed Signature available on original document

Title: CEO

State of Wyoming)ss.

County of Laramie)

Subscribed and sworn to before me this 19 day of June,
2006 by Susan Adams



Susan A. Adams
Notary Public

My commission expires: 11-18-08

Filing Fee: \$50.00 (Filing instructions are on the following page.)



96-315727

Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: business@state.wy.us

Max Maxfield, WY Secretary of State
FILED: 06/24/2011 08:52 AM
Original ID: 1996-000315727
Amendment ID: 2011-001225303

Application for Renewal of Trademark or Service Mark Registration

1. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely:

WIN (WIN is an acronym for Wyoming Integrated Network)

2. Name of applicant:

WINhealth Partners **WIN**

3. Business address of applicant:

1200 East 20th Street, Suite A, Cheyenne, WY 82001

4. The mailing address of applicant:

Same as above

5. Applicant is (check one):

- individual;
- corporation;
- general partnership;
- limited partnership;
- limited liability company
- statutory trust;
- unincorporated association;
- other:

6. a. If the applicant is a corporation, limited partnership, limited liability company or statutory trust, list:

The state of incorporation or organization: Wyoming

The date incorporated or organized: 08/26/1994
(Date - mm/dd/yyyy)

b. If a general partnership or limited partnership, list the names of the general partners or partners:

c. If a limited liability company or statutory trust, list the names of the managers, members or trustees:

d. If other, explain:

Non-profit Corporation

7. Date of original registration in the office of the Wyoming Secretary of State:

10/03/1996
(Date - mm/dd/yyyy)

8. Provide the class number and title of the goods or services (see attachment). Use only one class code per renewal:

100

9. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide): **Health Services**

10. List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.): **Advertising and Promotional Materials**

11. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes No

If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefore:

12. Date of first use by applicant or predecessor (*the mark **must be in use** before it can be registered*):

a. Anywhere:
(Date - mm/dd/yyyy)

b. In this state: **09/01/1996**
(Date - mm/dd/yyyy)

13. **One** photocopy or facsimile of the mark **as it is actually used** must accompany this application.

14. The applicant is the owner of the mark. The mark is in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: **04/14/2011**
(mm/dd/yyyy)

Signature: **Signature available on original document**
Title: **President and C.E.O.**

Contact Person: **Billie Noble**

Daytime Phone Number: **(307) 773-1300**

State of Wyoming
County of Laramie

Subscribed and sworn to before me this 14th day of April, 2011.
by Stephen K. Goldstone



Arla Johnson
Notary Public

My commission expires: 4/4/2012