



07-10-1998

FORM PTO-1594 1-31-92				EET U.S. Department of Commerce Patent and Trademark Office	
<b>100726428</b>					
<i>Tab settings</i> ⇌ ⇌ ⇌					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
<b>1. Name of conveying party(ies):</b>  <p style="text-align: center;">Age Wave Health Services, Inc.</p> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State (Delaware) <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<b>2. Name and Address of receiving party(ies):</b>  Name: Age Wave, L.L.C. Internal Address: Street Address: 2000 Powell Street, 16th Floor Emeryville, CA 94608  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Delaware Limited Liability Company</u> <small>If assignee is not domiciled in the United States, a domestic representative designation is attached. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          (Designations must be a separate document from Assignment)          Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>		
<b>3. Nature of conveyance:</b>  <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____  Execution Date: <u>March 26 1998</u>					
<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s)			B. Trademark registration No.(s) AGE WAVE IMPACT - Reg. No. 2,104,257  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b>  Name: <u>Timothy J Lyden</u> Internal Address: _____ <u>Hogan &amp; Mattson LLP</u> _____ Street Address: <u>8300 Greensboro Drive</u> <u>Suite 1100</u> City: <u>McLean</u> State: <u>VA</u> Zip <u>22102</u>			<b>6. Total number of applications and registrations involved:</b> ..... <span style="border: 1px solid black; padding: 2px;">1</span>		
			<b>7. Total fee (37 CFR 3.41):</b> ..... \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <span style="float: right;"><i>Chg 160<sup>00</sup></i></span> <input type="checkbox"/> Authorized to be charged to deposit account		
			<b>8. Deposit account number:</b> <u>08-2550</u> (Attach duplicate copy of this page if paying by deposit account)		
<b>DO NOT USE THIS SPACE</b>					
<b>9. Statement and signature.</b> <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Timothy J Lyden</u>            Name of Person Signing         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: right;"> <u>July 8 1998</u>            Date         </div> </div> <p style="text-align: right;">Total number of pages comprising cover sheet: <span style="border: 1px solid black; padding: 2px;">2</span></p>					

ASSIGNMENT

WHEREAS, Age Wave Health Services, Inc., a corporation organized under the laws of Delaware, located and doing business at 2000 Powell Street, 11th Floor, Emeryville, California 94608 (hereinafter "Assignor") is the owner of U.S. Trademark Registration No. 1,204,257 and the mark AGE WAVE IMPACT and goodwill symbolized thereby (the "Trademark"); and

WHEREAS, Age Wave, L.L.C., a limited liability company organized under the laws of Delaware, located and doing business at 2000 Powell Street, 16th Floor, Emeryville, California 94608 (hereinafter "Assignee") is desirous of obtaining all right, title, and interest in and to the mark, the goodwill symbolized thereby, and the registration therefor.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by both parties, Assignor hereby sells, assigns, transfers and sets over to Assignee, the entire right, title, interest in and to the Trademark, U.S. Trademark Registration Number 2,104,257, and the goodwill of the business connected with the Trademark, the same to be held and enjoyed by Assignee, its successors, assigns and other legal representatives.

Assignor further assigns to Assignee all right to sue for and receive all damages accruing from past infringements of the Trademark assigned.

This Assignment shall be binding upon the parties, their successors and/or assigns and all others acting by, through, with or under their direction, and all those in privity therewith.

AGE WAVE HEALTH SERVICES, INC.

Date: March 26, 1998

By: Joseph B. Coleman  
Joseph B. Coleman  
Treasurer

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