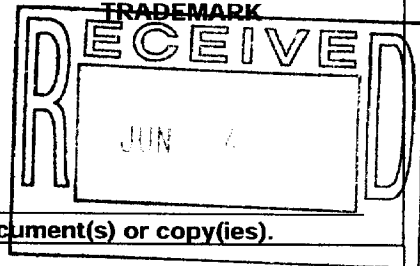


06-08-1999



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Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID # 100977601
- Correction of PTO Error  
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- Corrective Document  
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Conveyance Type

- Assignment
  - License
  - Security Agreement
  - Nunc Pro Tunc Assignment
  - Merger
  - Change of Name
  - Other \_\_\_\_\_
- Effective Date  
Month Day Year  
02231999

Conveying Party

- Mark if additional names of conveying parties attached
- Name WJW, Inc. Execution Date  
Month Day Year  
02231 999
- Formerly Formerly, MedEcon Services, Inc.

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Kentucky

Receiving Party

- Mark if additional names of receiving parties attached

- Name MHCA Acquisitions, Inc.
- DBA/AKA/TA \_\_\_\_\_
- Composed of \_\_\_\_\_
- Address (line 1) 9505 Williamsburg Plaza
- Address (line 2) \_\_\_\_\_
- Address (line 3) Louisville KY 4022 2  
City State/Country Zip Code
- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Delaware

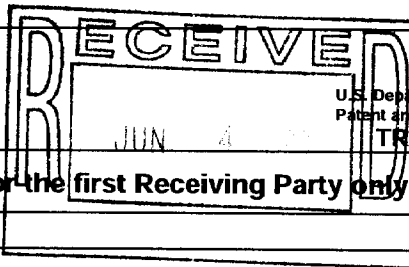
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REEL: 001907 FRAME: 0745



**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

(Resubmission: fee paid)

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**Statement and Signature**

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. Charges to deposit account are authorized, as indicated herein.

Jack A. Wheat

Name of Person Signing

Signature

June 2, 1999

Date Signed

