

08-05-1999

FORM PTO-1594
1-31-92



ET

U.S. Department of Commerce
Patent and Trademark Office

Tab settings

101089189

To the Honorable Commissioner of Patents and Trademarks Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Age Wave Health Services, Inc

2. Name and Address of receiving party(ies):

Name: Age Wave Impact, Inc.
Internal Address: 2000 Powell Street
Street Address: 11th Floor
Emeryville, CA 94608

- Individual(s)
- General Partnership
- Corporation-State Delaware
- Other
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: September 10, 1998

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Delaware
- Other

If assignee is not domiciled in the United States, a domestic representative designation is attached Yes No
(Designations must be a separate document from Assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
SENIOR HEALTH BEACON 75/442,127
SENIOR HEALTH BEACON 75/442,140

B Trademark registration No.(s)

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Timothy J Lyden
Internal Address: Hogan & Hartson LLP

Street Address: 8300 Greensboro Drive
Suite 1100
City: McLean State: VA Zip: 22102

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41): ... \$ 55.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
08-2550
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Timothy J. Lyden
Name of Person Signing

Signature

May 7, 1999
Date

Total number of pages comprising cover sheet. 4

5/7/99

FEE OK

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF PAGE WEVE HEALTH SERVICES, INC. CHANGING ITS NAME FROM PAGE WEVE HEALTH SERVICES, INC. TO PAGE WEVE IMPACT, INC. FILED IN THIS OFFICE ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 1998. AT 9:00 CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Edward J. Freel
Edward J. Freel, Secretary of State

2444265 8100

981379790

AUTHENTICATION: 9331627

DATE: 09-30-98

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 08:00 AM 08/30/1988
882319788 - 2444263

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION OF
AGE WAVE HEALTH SERVICES, INC.**

Age Wave Health Services, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation")

DOES HEREBY CERTIFY:

ONE. That the Board of Directors adopted a resolution setting forth a proposed amendment to the Certificate of Incorporation of said Corporation and declaring said amendment advisable and directing that said amendment be submitted to the stockholders of said Corporation entitled to vote in respect thereof for their approval. The resolution setting forth said amendment is as follows:

RESOLVED, that the Certificate of Incorporation of the Corporation be amended by amending and revising Article I thereof so that it shall be and read as follows:

"I. NAME

The name of this corporation is Age Wave Impact, Inc. (the "Corporation")."


TWO. That thereafter said amendment was duly adopted in accordance with the provisions of Section 243 of the General Corporation Law by written consent of the stockholders holding the requisite number of shares required by statute given in accordance with and pursuant to Section 228 of the General Corporation Law of the State of Delaware with written notice to be given to those stockholders who did not consent as provided in that section.

082VTR0011848.1

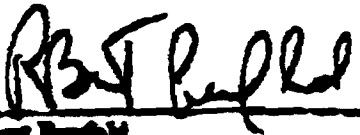
2-1

IN WITNESS WHEREOF, this Certificate of Amendment of the
Certificate of Incorporation has been signed by the President and the Secretary of the
Corporation this 10th day of September, 1998.

AGE WAVE HEALTH SERVICES, INC.

By: 
E. Hart Fendall,
President

ATTEST:

By: 
E. Hart Fendall,
Secretary

DISBURSEMENT ACCOUNT
8300 GREENSBORO DR., SUITE 1100
MCLEAN, VA 22102

68-1/610
1601

May 7 19 99

PAY TO THE ORDER OF

Assistant Commissioner for Trademarks \$ 65.00

Sixty-Five and 00/100

DOLLARS

NationsBank

NationsBank, N.A.
Virginia

NOT VALID OVER \$500.00

Ronald E. Galt

FOR 62800.0005

⑈005455⑈ ⑆051000017⑆ 002 690 2548⑈

Postcard Filing Receipt

May 7, 1999

Document: Recordation Form Cover Sheet

Mark: SENIOR HEALTH BEACON

Application Nos.: 75/442,127 and 75/442,140

Conveyance: Change of Name

Assignor: Age Wave Health Services, Inc.

Assignee: Age Wave Impact, Inc.

Fee: \$65 (check)

Enclosures: Recordation Form Cover Sheet
Filing Fee (\$65 check)

FILE COPY

**HOGAN & HARTSON
L.L.P.**

Writer's Direct Dial
(703) 610-6147

8300 GREENSBORO DRIVE
SUITE 1100
MCLEAN, VA 22102
TEL (703) 610-6100
FAX (703) 610-6200

May 7, 1999

Box ASSIGNMENTS

Assistant Commissioner of Patents and Trademarks
2900 Crystal Drive
Arlington, VA 22202-3513

RE: Change of Name Assignment

Dear Sir,

Enclosed is a Recordation Form Cover Sheet for recording a Change of Name Assignment against the following mark:

Mark:	SENIOR HEALTH BEACON
Application Serial Nos.:	75/442,127; 75/442,140
Conveyance:	Change of Name
Assignor:	Age Wave Health Services, Inc.
Assignee:	Age Wave Impact, Inc.
Fee:	\$65.00 (enclosed)

Please date stamp the enclosed postcard filing receipt and return it to the messenger who is filing this document.

Sincerely,

Timothy J. Lyden

mc 62800 05 / 103595 01 pan
Enclosures

cc: Joseph Coleman
Kenneth J. Hautman

WASHINGTON, DC
BRUSSELS BUDAPEST LONDON MOSCOW PARIS* PRAGUE* WARSAW
BALTIMORE, MD COLORADO SPRINGS, CO DENVER, CO LOS ANGELES, CA NEW YORK, NY ROCKVILLE, MD
WASHINGTON OFFICE 556 THIRTEENTH STREET NW, WASHINGTON DC 20004-1109 TEL (202) 637-5600 FAX (202) 637-5910

*Affiliate Office

TRADEMARK
REEL: 001907 FRAME: 0900

Postcard Filing Receipt

May 7, 1999 ✓

Document: Recordation Form Cover Sheet

Mark: SENIOR HEALTH BEACON

Application Nos.: 75/442,127 and 75/442,140 TRADEMARK FEE PROCESS. RECEIVED

Conveyance: Change of Name

Assignor: Age Wave Health Services, Inc. MAY - 7 P 2: 08

Assignee: Age Wave Impact, Inc.

Fee: \$65 (check)

Enclosures: Recordation Form Cover Sheet
Filing Fee (\$65 check)

US PATENT &
TRADEMARK OFFICE