

09-15-1999



101145946

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

9-13 99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)
Document ID # _____

Correction of PTO Error
Reel # _____ Frame # _____

Corrective Document
Reel # _____ Frame # _____

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger

Change of Name

Other _____

Effective Date
Month Day Year
08 09 1999

Conveying Party

Mark if additional names of conveying parties attached

Name WESTERN MEDICAL SERVICES, INC. Execution Date
Month Day Year
08 09 1999

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization CALIFORNIA

Receiving Party

Mark if additional names of receiving parties attached

Name INTREPID U.S.A., INC.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 6750 FRANCE AVENUE SOUTH, SUITE 275

Address (line 2) _____

Address (line 3) EDINA MN/USA 55343
City State/Country Zip Code

Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Minnesota

09/14/1999 JSH/DAZZ 00000014 75469791

FOR OFFICE USE ONLY

01 EC-481 40.00 OP
04 482 25.00 OP

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

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)

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)		
<input type="text" value="75469791"/>	<input type="text" value="75050884"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

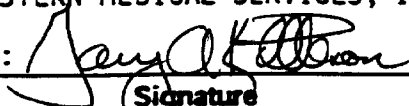
Deposit Account Number: #

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.

WESTERN MEDICAL SERVICES, INC.

By:  8/19/99

Name of Person Signing Signature Date Signed

Gary A. Kittleson, Executive
Vice President and Chief Financial Officer

**SCHEDULE
WESTERN MEDICAL SERVICES, INC.**

U.S. TRADEMARK APPLICATIONS

U.S./State	Certificate No.	Protected Mark	Mark Type	Granted	Expires
U.S.	75/469,791	Bringing Home a Tradition of Caring	Service	Pending	
U.S.	75/050,884	Western Independent Living Services	Service	Put on hold (2/26/98)	