

10-15-1999

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RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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
10 31 95

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year
10 15 95

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
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

FOR OFFICE USE ONLY

10/14/1999 MTHAI 00000183 1876958
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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)

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)

<input type="text" value="187,6958"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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.

Attorney Michael E. Banks

October 7, 1999

Name of Person Signing

Signature

Date Signed

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
GENESIS SYSTEMS CORPORATION

COPY

The undersigned, being a natural person of the age of 18 years or more, hereby executes the following Articles of Amendment to the Articles of Incorporation of Genesis Systems Corporation (the "Corporation"):

ARTICLE I
TEXT OF AMENDMENT

Article I of the Corporation's Articles of Incorporation is amended to read in its entirety as follows:

The name of the corporation is Women's Health Connection, Inc.

ARTICLE II
METHOD OF ADOPTION

The amendment was duly adopted by the Board of Directors and Shareholders on October 15, 1995 in accordance with § 180.1003 of the Wisconsin Business Corporation Law.

Dated as of the 15th day of October, 1995.

GENESIS SYSTEMS CORPORATION

By: Constance K. Hegerfeld
Constance K. Hegerfeld, President

This document was drafted by and is returnable to:

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Madison, WI 53701-1806
(608) 257-3501

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STATE OF WISCONSIN

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