FORM PTO-1618A Expires 06/30/99 OMB 0651-0027

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RECORDATION FORM COVER SHEET TDADEMADKS ONI V

TO: The Commissioner of Patents and Trademarks:	Please record the attached original document(s) or copy(ies).		
Submission Type	Conveyance Type		
X New	Assignment License		
Resubmission (Non-Recordation) Document ID # Correction of PTO Error Reel # Corrective Document Reel # Frame #	Security Agreement Nunc Pro Tunc Assignment Merger X Change of Name Other		
Conveying Party	Mark if additional names of conveying parties attached Execution Date		
Name Resident Care, LLC	Execution Date Month Day Yes		
Formerly General Partnership	Limited Partnership Corporation Association		
X Other LLC			
	tion Georgia		
Receiving Party	Mark if additional names of receiving parties attached		
Name Interactive Health Network, LLC			
Name	•		
DBA/AKA/TA			
Composed of			
Address was a 17 February B 1 B 1			
Address (line 1) 17 Executive Park Drive			
Address (line 2) Suite 250			
Address (line 3) Atlanta	Georgia 30329		
city Individual General Partnership	State/Country Zip Code Limited Partnership If document to be recorded is an assignment and the receiving party is		
Corporation Association X Other LLC Association not domiciled in the United States, appointment of a domestic representative should be attached (Designation must be a separate document from Assignment.)			
		X Citizenship/State of Incorporation/Organizati	
DOO NTHAI1 00000037 1952214 FOR	OFFICE USE ONLY		
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85 53.00 00	approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document		

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

REEL: 002131 FRAME: 0956

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OMB 0651-0027	<u> </u>	TRADEMARK			
Domestic Representative Name and Address Enter for the first Receiving Party only.					
Name [
Address (line 1)					
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Correspondent Name and Address Area Code and Telephone Number (404) 527-4644					
Name [Adam G. Mersereau, Esq.				
Address (line 1)	Long Aldridge & Norman LLP				
Address (line 2)	303 Peachtree Street, Suite 5300				
Address (line 3)	Atlanta, Georgia 30308				
Address (line 4)					
Pages	Enter the total number of pages of the attach including any attachments.	ned conveyance document # 2			
Trademark Application Number(s) or Registration Number(s) 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) 1952214 1492942 1492942					
Number of Properties Enter the total number of properties involved. # 2					
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 80.00 Section 1.5					
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: #					
	Authorization to cha	rge 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.					
Adam G. M	Jersereau, Esq.	r 8/9/2000			
		nature Date Signed			

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER: 000830629 CONTROL NUMBER: K920333 EFFECTIVE DATE: 03/20/2000

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LONG ALDRIDGE & NORMAN LLP
CAROL MCEWEN
303 PEACHTREE STREET, STE. 5300
ATLANTA, GA 30308

CERTIFICATE OF NAME CHANGE AMENDMENT

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RESIDENT CARE, LLC A GEORGIA LIMITED LIABILITY COMPANY

has filed articles of amendment in the Office of the Secretary of State changing its name to

INTERACTIVE HEALTH NETWORK, LLC

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.







Cathy Cox Secretary of State

> TRADEMARK REEL: 002131 FRAME: 0958

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION RESIDENT CARE, LLC

The undersigned, pursuant to Section 14-11-210 of the Georgia Limited Liability Company Act, for the purpose of amending the Articles of Organization of Resident Care, LLC, hereby certifies that:

ARTICLE L

The name of the limited liability company is: Resident Care, LLC.

ARTICLE IL

The Articles of Organization were filed with the Office of the Secretary of State of Georgia on May 17, 1999.

ARTICLE III.

Article I. of the Articles of Organization is hereby amended to read as follows:

The name of the limited liability company is Interactive Health Network, LLC.

ARTICLE IV.

The effective date and time of the amendment shall be upon filing with the office of the Secretary of State of Georgia.

Executed on March 20, 2000.

ATLANTA:4185424.1

RECORDED: 08/11/2000

TRADEMARK REEL: 002131 FRAME: 0959