CONTRACTOR OF THE PROPERTY OF 12-15-2000 11-77.00 MRD FORM PTO-1618A NOV 27 9000 OMB 0651-0027 101554214 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** Conveyance Type **Assignment** License New Resubmission (Non-Recordation) **Nunc Pro Tunc Assignment** Security Agreement Document ID # 101502331 **Effective Date** Month Day Year Merger Correction of PTO Error Reel # 002131 | Frame # 0956 **Change of Name Corrective Document** Reel # Frame # Other Conveying Party Mark if additional names of conveying parties attached **Execution Date** Month Day Year Name Resident Care, LLC 3/20/00 **Formerly** General Partnership Limited Partnership Corporation Association Other LLC Citizenship/State of Incorporation/Organization Georgia Receiving Party Mark if additional names of receiving parties attached Name Interactive Health Network, LLC DBA/AKA/TA Composed of 17 Executive Park Drive Address (line 1) Suite 250 Address (line 2) Georgia State/Country 30329 Address (line 3) Atlanta Zio Code If document to be recorded is an Individual General Partnership Limited Partnership assignment and the receiving party is not domiciled in the United States, an Corporation **Association** appointment of a domestic representative should be attached. (Designation must be a separate X Other | LLC document from Assignment) Citizenship/State of Incorporation/Organization Georgia FOR OFFICE USE ONLY 00000018 1925214 12/15/20b0 GTDN11 40.00 OP 01 FC:481 02 FC:482 25.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (9651-9027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-9027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

FORM PTO-1 Expires 06/30/99 OMB 0651-0027	· ugo L	U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
Domestic Representative Name and Address Enter for the first Receiving Party only.				
Name [The state of the s			
Address (line 1)	INEGE			
Address (line 2)	HOV HOV	27 2000		
Address (line 3)				
Address (line 4)		and the state of t		
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, NE, Suite 5300			
Address (line 3)	Aflanta, Georgia 30308			
Address (line 4)				
Pages Enter the total number of pages of the attached conveyance document # 2 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)				
	1492942			
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.				
Name of Person Signing Signature Date Signed				

11.06/2009 MON 16:14 FAX **2**1009/010 09-12-2000 FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 MRD 8.11.00 101454164 @ 100 11 PM 3: 14 **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 Conveyance Type X New **Assignment** License Resubmission (Non-Recordation) Security Agreement **Nunc Pro Tunc Assignment** Document ID # Effective Date Correction of PTO Error Merger Month Day Year Reel # Frame # **Change of Name** Corrective Document Reel # Frame # Other Conveying Party Mark if additional names of conveying parties attached Execution Date Month Day Year Name Resident Care, LLC 3/20/00 Formerly Individual General Partnership Limited Partnership Corporation Association Other LLC Citizenship/State of Incorporation/Organization Georgia Receiving Party Mark if additional names of receiving parties attached Interactive Health Network, LLC Name DBA/AKA/TA Composed of Address (line 1) <u>17 Executive Park Drive</u> Address (line 2) Suite 250 Address (line 3) Georgia State/Country Atlanta 30329 **Zip Code** City If document to be recorded is an Individual General Partnership **Limited Partnership** assignment and the receiving party is not domiciled in the United States, an Corporation Association appointment of a domestic representative should be attached. Other LLC (Designation must be a separate document from Assignment.) Citizenship/State of Incorporation/Organization Georgia **FOR OFFICE USE ONLY** 00000037 1952214 09/12/8000 NTHAT1 40.00 0P 25.00 0P 01 FC:481 02 FC:482

03 FC: 930 Public burden reporting for this collection of inform on is estimated to average approximately 30 minutes per Covor Shoot to be recorded, including time for reviewing the document and selections of the selection o gathering the data needed to complete the Cover Sho D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See information Collection Budget Package 0651-0027, Palent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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FORM PTO- Expired 06/30/99 OMB 0851-0027	1618B Page 2	U.S. Department of Commerce Patent and Tradentark Office TRADEMARK	
Domestic Representative Name and Address Enter for the first Receiving Party only.			
Name		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Address (line 1)			
Address (tine 2)			
Address (line 3)			
Address (line 4)			
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 attached conveyance document # 2 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)			
	1952214		
	1492942		
Number of Properties Enter the total number of properties involved. # 2			
Fee Amoun	Fee Amount for Properties Listed (37 CFR 3.41):	\$ 80.00	
Method of Payment: Enclosed X 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.			
Adam G. M	ersereau, Esq. MM	8/9/2000	
	of Person Signing Signature	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

REPERENCE : 0033

PRINT DATE : 03/23/2000

FORM NUMBER : 661

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.

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Cathy Cox Secretary of State

ARTICLES OF AMENDMENT OF 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 L 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.

Cody White, Manager

ATLANTA:4185424.1

RECORDED: 11/27/2000