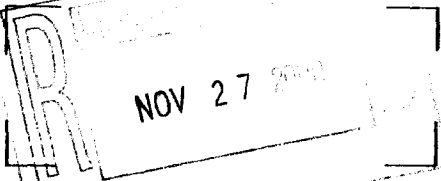


MRD 11-27-00

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



12-15-2000



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

- New
- Resubmission (Non-Recordation)
Document ID # 101502331
- Correction of PTO Error
Reel # 002131 Frame # 0956
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
3/20/00

Name Resident Care, LLC

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

Name Interactive Health Network, LLC

DBA/AKATA _____

Composed of _____

Address (line 1) 17 Executive Park Drive

Address (line 2) Suite 250

Address (line 3) Atlanta

City

Georgia

State/Country

30329

Zip Code

- Individual General Partnership Limited Partnership Corporation Association
- Other LLC
- Citizenship/State of Incorporation/Organization Georgia

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.)

12/15/2000 6T0N11 00000018 1925214

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40.00 OP
25.00 OP

01 FC:401
02 FC:402

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Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002198 FRAME: 0656

Domestic Representative Name and Address

Enter for the first Receiving Party only.

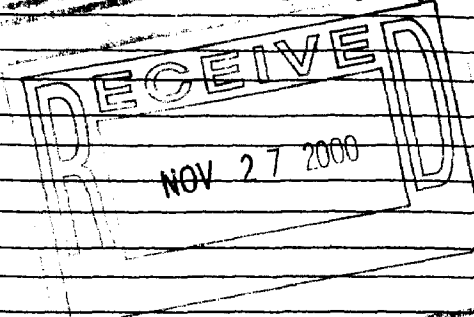
Name

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1925214"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1492942"/>	<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.

Adam G. Mersereau AGMersereau 11/28/00 _____
 Name of Person Signing Signature Date Signed

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

09-12-2000



MPO 8.11.00

101454164

NOV 11 AM 3:14
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Document ID # _____
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- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

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- Merger
Effective Date
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- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

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Execution Date
Month Day Year
3/20/00

Formerly _____

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- Other LLC
- Citizenship/State of Incorporation/Organization Georgia

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Mark if additional names of receiving parties attached

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Composed of _____

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Georgia

30329

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- Corporation Association

Other LLC

Citizenship/State of Incorporation/Organization Georgia

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.)

09/12/2000 NTHA11 00000037 1952214

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01 FC:481	40.00 DP
02 FC:482	25.00 DP
03 FC:998	15.00 DP

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TRADEMARK
REEL: 002198 FRAME: 0658

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Expires 06/30/99
OMR 0651-0027

Page 2

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

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

(404) 527-4644

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)

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.

Adam G. Mersereau, Esq.

Name of Person Signing

Signature

8/9/2000

Date Signed

**ARTICLES OF AMENDMENT
OF
ARTICLES OF ORGANIZATION
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 I

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

ARTICLE II

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.


Cody White, Manager

SECRETARY OF STATE
MAR 20 1 49 PM '00

ATLANTA:4185424.1