

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

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

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

Submission Type

New

Resubmission (Non-Recordation)
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Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger Change of Name

Other _____

Effective Date
Month Day Year
01 05 2001

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name American Psychiatric Association for Education and Research

Formerly formerly American Psychiatric Association, The

01 05 2001

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization District of Columbia

Receiving Party

Mark if additional names of receiving parties attached

Name American Psychiatric Publishing, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1400 K Street, N.W.

Address (line 2) _____

Address (line 3) Washington D.C. 20005

City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization District of Columbia

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.)

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U.S. Department of Commerce
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Enter for the first Receiving Party only.

Name

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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.

Karen C. Hermann

Karen C. Hermann

4/3/01

Name of Person Signing

Signature

Date Signed

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS**



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Nonprofit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF MERGER** is hereby issued to:

AMERICAN PSYCHIATRIC PRESS, INC.

Merged Into

**AMERICAN PSYCHIATRIC ASSOCIATION FOR EDUCATION AND RESEARCH
(CHANGED TO) AMERICAN PSYCHIATRIC PUBLISHING, INC.**

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **5th** day of **January, 2001**.

Carlynn M. Fuller
Acting Director

Winnie R. Houston
Acting Administrator
Business Regulation Administration

Patricia E. Grays

so Patricia E. Grays *EBB*
Superintendent of Corporations
Corporations Division