

RECEIVED  
FEB 13 2001

02-26-2001



101620834

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

2.13.01

### 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  Effective Date  
Month Day Year
- Change of Name
- Other  Concurrent Use Agreement

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year  
01 31 2001

Name  Dynamic Rehabilitation Centers, Inc.

Formerly

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

#### Receiving Party

Mark if additional names of receiving parties attached

Name  Dynamic Physical Therapy & Aquatic Rehabilitation Centers, Inc.

DBA/AKA/TA

Composed of

Address (line 1)  1651-53 Pulaski Highway

Address (line 2)

Address (line 3)  Bear  Delaware  19701  
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  Delaware

02/26/2001 RANMEDI 00000002 76199031  
01 FC:481 40.00 DP  
02 FC:482 25.00 BP

#### FOR OFFICE USE ONLY

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 (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, 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

TRADEMARK  
REEL: 002240 FRAME: 0250

**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)

FEB 13 2001

**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="76199031"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2214495"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

Rosanna L. Suriano

Name of Person Signing

[Signature]

Signature

2/6/01

Date Signed

Jan-31-01 03:18P

P. 01



Levy  
1340 W. Big Beaver Road  
Suite 100  
Westborough, MA 01581  
(508)869-1321  
(508)869-2321 Fax

Reardon  
14001 Telegraph Road  
Rockford, MI 48239  
(313)234-0300  
(313)234-6400 Fax

Clarkston  
7040 Pine Hollow Way  
Clarkston, MI 48064  
(248)620-6611  
(248)620-0850 Fax

Clinton Township  
16010 19 Mile Road  
Suite 100  
Clinton Twp., MI 48038  
(810)412-3225  
(810)412-7226 Fax

January 31, 2001

Michael Meyers  
Dynamic Physical Therapy & Aquatic Rehab  
30 East 10<sup>th</sup> Street  
Marcus Hook, PA 19061

Dear Michael:

It was nice talking with you today. I sincerely appreciate you taking the time to ask for permission to use the trademarked "Dynamic" name on your website. Coincidentally, another out-of-state group decided to do the same thing without asking for permission and received a cease and desist letter. Ironically, I would have granted the permission had they just been decent enough to ask!

Please let this letter serve as formal authorization to use the trademarked "Dynamic" name on your website. I must reserve the right rescind this authorization at anytime. I am primarily concerned with two things:

- 1) That your facilities are not in a competitive geographical area
- 2) That your facilities do not utilize MedX rehabilitation equipment

As long as these two items are not violated, I see no reason to rescind this authorization for the foreseeable future.

I wish you the best of luck and a prosperous new year.

Sincerely,

Jeff Wayne  
Vice President

*Experience The Dynamic Difference*