

05-15-2001

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



U.S. Department of Commerce
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Reel # _____ Frame # _____

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Reel # _____ Frame # _____

Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Assignment

Merger

Change of Name

Other **CHANGE OF ADDRESS**

Effective Date
Month Day Year
02012001

Conveying Party

Mark if additional names of conveying parties attached

Name **AMERICAN SPECIALTY HEALTH, INC.** Execution Date
Month Day Year
02012001

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization **CALIFORNIA**

Receiving Party

Mark if additional names of receiving parties attached

Name **AMERICAN SPECIALTY HEALTH, INC.**

DBA/KA/TA _____

Composed of _____

Address (line 1) **777 FRONT STREET**

Address (line 2) _____

Address (line 3) **SAN DIEGO** **CALIFORNIA** **92101**
City State/Country Zip Code

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization **CALIFORNIA**

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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03/06/2001 TDIAZ1 00000113 75506603

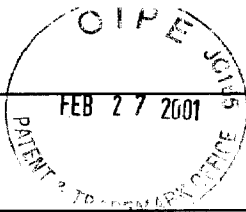
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02 FC=4AP 300.00 OP

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Area Code and Telephone Number

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)		
<input type="text" value="75506603"/>	<input type="text" value="75660871"/>	<input type="text" value="75542781"/>	<input type="text" value="2200772"/>	<input type="text" value="2173195"/>	<input type="text" value="2184079"/>
<input type="text" value="75893749"/>	<input type="text" value="75892134"/>	<input type="text" value="75874822"/>	<input type="text" value="2284244"/>	<input type="text" value="2410751"/>	<input type="text" value="2396065"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2396064"/>	<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.

Debra Rodebaugh

Debra Rodebaugh

1-31-01

Name of Person Signing

Signature

Date Signed



American Specialty Health

May 15, 2001

US. Patent & Trademark Office
ATTN: Rhonda Nicols
VIA FACSIMILE: 703 808-7124

RE: American Specialty Health, Inc.'s Change of Address Request

Dear Ms. Nichols:

Pursuant to our telephone conversation today, I am faxing you a letter requesting a change of address on the following 13 files.

Trademark Application Numbers

75506603
75660871
75542781
75893749
74892134
75874822

Registration Numbers

2200772
2173195
2184079
2284244
2410751
2396065
2396064

Our previous address was:
American Specialty Health, Inc.
8989 Rio San Diego Drive, Suite 250
San Diego, CA 92108
USA

Our new address is:
American Specialty Health, Inc.
777 Front Street
San Diego, CA 92101
USA

I have previously sent you a check in the amount of \$520.00 to cover the processing fees.
If there are any other concerns, please feel free to contact me at 619 578-2000 X3258.

I appreciate your assistance.

Thanks,


Debra Rodebaugh
Corporate Compliance Coordinator

777 Front Street, San Diego, CA 92101; Telephone 619 578-2000 X3258; Fax 619 237-3839