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R (Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

| OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒ ⇒ ▼ | 96320 v v | | |
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| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. | | | |
| 1. Name of conveying party(ies): Charles Rait Individual(s) General Partnership Corporation-State Other | 2. Name and address of receiving party(ies) Name: National Association of Neonatal Internal Nurses Address: Street Address: 4700 West Lake Avenue City: Glenview State: IL Zip:60025-148 | | |
| Additional name(s) of conveying party(ies) attached? 🍱 Yes 🖼 No | Association | | |
| 3. Nature of conveyance: Assignment Security Agreement Other Execution Date: 09/30/97 | Limited Partnership Corporation-State California Other If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No | | |
| 4. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional number(s) attemptions Additional number(s) attemptions | B. Trademark Registration No.(s) 2,000,596 ached □ Yes □ No | | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: | 6. Total number of applications and registrations involved: | | |
| Name: Lisa Parker Gates Internal Address: Jenner & Block, LLC | 7. Total fee (37 CFR 3.41)\$ 40.00 Enclosed Authorized to be charged to deposit account | | |
| Street Address: One IBM Plaza | 8. Deposit account number: | | |
| City: Chicago State: IL Zip: 60611 | (Attach duplicate copy of this page if paying by deposit account) | | |
| 9. Statement and signature. To the best of my knowledge and belief, the foregoing information copy of the original document. Lisa Parker Gates | mation is true and correct and any attached copy is a true P | | |

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patent & Trademarks, Box Assignments

Washington, D.C. 20231

TRADEMARK REEL: 002338 FRAME: 0497 £41

ASSIGNMENT

WHEREAS, CHARLES RAIT, an individual, residing at 4760 Hillsboro Circle, Santa Rosa, CA 95405 has adopted, used, is using and is the owner of the following trademark now pending in the United States Patent and Trademark Office:

NATIONAL ASSOCIATION OF NEONATAL NURSES and Design

Issued September 17, 1996, U.S. Registration No. 2,000,596

WHEREAS, NATIONAL ASSOCIATION OF NEONATAL NURSES, a California corporation, having its principal place of business at 1304 Southpoint Blvd., Suite 280, Petaluma, CA 94954-6859, is desirous of acquiring said issued trademark,

NOW THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, CHARLES RAIT hereby assigns to NATIONAL ASSOCIATION OF NEONATAL NURSES all right, title and interest in the United States in and to said trademark together with the good will of the business symbolized by said trademark and registration thereof.

Signed at Petalume, this 30 day of September, 1997.

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| I NCRI II | OFFICIAL SEAL - 1128303 VALENTINA E. DALK NOTARY PUBLIC - CALIF. COUNTY OF SONOMA My Comm. Exp. March 6, 200 | NCR1 |
| 4 | | |

CHARLES RAIT

By Chile Part

| On 9/30/97 before me, VALENTINA E. DALK, personally appeared |
|--|
| CHARLES RAIT who proved to me on the basis of satisfactory evidence to be the person |
| CHARLES RAIT who proved to me on the basis of satisfactory constant to me that he/she |
| whose name is subscribed to the within instrument and acknowledged to me that he/she |
| his/her authorized canacity and that by his/her signature on the |
| the person, or the entity upon behalf of which the person acted, executed the instrument. |
| ne person, of the chirty apon committee of the person, of the chirty apon committee of the person of |
| WITNESS my hand and official seal. |

| SEPTEMBER 30, 1997 | Notary Public - My Commission Expires |
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| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. | | |
| Name of conveying party(ies): | Name and address of receiving party(ies) | |
| Charles Rait | Name: National Association of Neonatal Internal Nurses Address: | |
| Individual(s) General Partnership Limited Partnership | Street Address: 4700 West Lake Avenue | |
| Corporation-State | City: Glenview State: IL Zip: 60025-148 | |
| Other | Individual(s) citizenship | |
| Additional name(s) of conveying party(ies) attached? The Yes No. | Association | |
| 3. Nature of conveyance: | General Partnership | |
| | Limited Partnership | |
| Assignment | Corporation-State California | |
| Security Agreement | Other If assignee is not domiciled in the United States, a domestic | |
| Execution Date: 09/30/97 | representative designation is attached: | |
| 4. Application number(s) or registration number(s): | | |
| A. Trademark Application No.(s) | B. Trademark Registration No.(s) 2,000,596 | |
| Additional number(s) attached Yes No 5. Name and address of party to whom correspondence 6. Total number of applications and | | |
| concerning document should be mailed: | registrations involved: | |
| Name: Lisa Parker Gates Internal Address: Jenner & Block, LLC | 7. Total fee (37 CFR 3.41)\$ 40.00 | |
| IIIIGIII AUU 655. | ☐ Enclosed | |
| | Authorized to be charged to deposit account | |
| One IBM D1222 | 8. Deposit account number: | |
| Street Address: One IBM Plaza | 10-0460 | |
| City: Chicago State: IL Zip: 60611 | (Attach duplicate copy of this page if paying by deposit account) | |
| City:CITCUSS STATE | | |
| 9. Statement and signature. To the best of my knowledge and belief, the foregoing inforceopy of the original document. Lisa Parker Gates | | |
| | over sheet, attachments, and document: | |

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

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