

FORM PTO-1595
(Rev. 6-93)

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Bear Care Co.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation - State of Minnesota
☐ Other

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Other

Effective Date: January 24, 2003

2. Name and address of receiving party(ies):

Name: Arizant Healthcare Inc.

Internal Address:

Street Address: 10393 West 70th StreetCity: Eden Prairie State: MN ZIP: 55344

- ☐ Individual(s) citizenship
☐ Association
☐ General Partnership
☐ Limited Partnership
☒ Corporation - State of Minnesota
☐ 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) of conveying party(ies) attached? ☐ Yes ☒ No

4. Application number(s) or trademark number(s):

A. Trademark Application No(s).

75/609,266
 78/101,218
 78/119,307
 78/126,601
 78/181,345
 78/182,217

B. Trademark Registration No(s).

1,574,673	2,243,631
1,626,928	2,255,671
1,906,420	2,271,054
1,942,376	2,277,413
2,043,564	2,291,495
2,085,579	2,341,688
2,087,204	2,341,689
2,093,121	2,355,721
2,177,574	2,543,186
2,187,587	2,568,092
2,221,977	2,579,608
2,238,673	

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Barbara J. Grahn, Esq.Firm: Oppenheimer Wolff & Donnelly LLPInternal Address: Suite 3300Street Address: 45 South Seventh St.City: Minneapolis State: MN ZIP: 55402-1609Our File No.: 8847/2006. Total number of applications and registrations involved: -29-

7. Total Fee (37 CFR 3.41) \$740.00

- ☐ Enclosed
☒ Authorized to be charged to Deposit Account
☒ Authorized to charge any underpayment or credit any overpayment to Deposit Account.

8. Deposit account number:

50-1901

(Attach duplicate copy of this page if paying by deposit account.)

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9. 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.

Barbara J. Grahn, Esq.

Name of Person Signing

Signature

April 2, 2003

Date

Total number of pages including cover sheet, attachments, and document: -2- (Fax cover sheet; Recordation Cover Sheet)

Mail documents to be recorded with required cover sheet information to:
 U.S. Patent and Trademark Office, Office of Public Records, Crystal Gateway 4, Room 335
 Washington, D.C. 20231

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TOTAL P. 02

OPPENHEIMER

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FAX COVER LETTER**April 2, 2003**

TO: Assignment Branch
COMPANY: U.S. PTO
PHONE: 703-308-9723
FAX: 703-306-5995

FROM: Cheryl E. Classen/Trademark Paralegal (for Barbara Grahm)
DIRECT DIAL: (612) 607-7553
EMAIL: CClassen@oppenheimer.com

RE:**COMMENTS:**

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RECORDED: 04/02/2003

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