

08-29-2003



102538872

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM TRADEMARK

COMMERCE Jemark Office

Tab settings

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

1. Name of conveying party(ies): 8.25.03
 clube, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Ohio limited liability company

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

2. Name and address of receiving party(ies)
 Name: clubessential, LLC
 Internal Address: 3731 Earls Court View
 Street Address: _____
 City: Cincinnati State: OH Zip: 45226

Individual(s) citizenship
 Association
 General Partnership
 Limited Partnership
 Corporation-State
 Other Ohio limited liability company

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

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: 8/15/2003

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s) _____

 Additional number(s) attached Yes No

B. Trademark Registration No.(s) 2601963, 2505328,
2519752, 78049533

 Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Amy E. Brown
 Internal Address: c/o Katz Teller Brant & Hild
255 E. Fifth Street, Suite 2400

 Street Address: _____

 City: Cincinnati State: OH Zip: 45202

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 3.41).....\$ 115.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: _____

DO NOT USE THIS SPACE

9. Signature.
Amy E Brown Amy E. Brown 8/22/03
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document:

08/27/2003 GTON11 00000162 2601963
 01 FC:8521 40.00 OP
 02 FC:8522 75.00 OP

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



DATE: 08/18/2003	DOCUMENT ID 200322702850	DESCRIPTION AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

KATZ TELLER BRANT & HILD LPA
255 E. 5TH ST.,STE 2400
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**
Ohio Secretary of State, J. Kenneth Blackwell

1347742

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CLUBESSENTIAL, LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
200322702850



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 15th day of August, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)

Mail Form to one of the Following:

- Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- No PO Box 1028
Columbus, OH 43216

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

PAID
AUG 25 2003

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) <u>October 23, 2002</u> (Date of Organization)	(2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) _____ (Home State)	_____ (Qualifying in Ohio on MM/DD/YY)
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The undersigned authorized representative of clube,llc 1347742
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

clubessential, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) :

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(state)

(zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

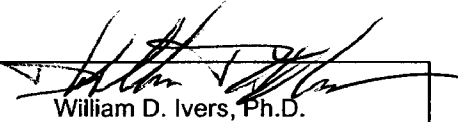
(City, village or township) Ohio _____
(State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)



William D. Ivers, Ph.D.
Authorized Representative

8/13/03
Date

Authorized Representative

Date

Authorized Representative

Date



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)



www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input checked="" type="checkbox"/> Where consenting entity is a corporation (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent 1229639

Name of Entity Giving Consent clubessential, inc.

Gives Its Consent To clube, llc

To Use The Name clubessential, LLC

REQUIRED

Must be authenticated (signed) by an authorized representative

[Signature]
Authorized Representative

8/13/03
Date

Authorized Representative

Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.