
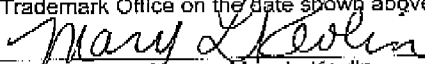


<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 03/01) OMB No. 0851-0027 (exp. 5/31/2002) Tab settings => => =>		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Federal Prescription Services, Inc.</u>  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Iowa</u> <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>America's Pharmacy, Inc.</u> Internal Address: _____ Street Address: <u>140 Columbia</u> City: <u>LaGuna Hills</u> State: <u>CA</u> Zip: <u>92656</u>  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u> <input type="checkbox"/> Other _____  <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No          (Designations must be a separate document from assignment)          Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>January 10, 1990</u>		
4. Application number(s) or registration number(s): A. Trademark Application No.(s)   Additional number(s) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Trademark Registration No.(s) <u>792,104</u>   Additional number(s) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Mary L. Kevlin, Esq.</u> Internal Address: _____ <u>Cowan, Liebowitz &amp; Latman, P.C.</u>  Street Address: <u>1133 Avenue of the Americas</u>  City: <u>New York</u> State: <u>NY</u> Zip: <u>10036-6799</u>	6. Total number of applications and registrations involved: ..... <u>1</u>  7. Total fee (37 CFR 3.41) ..... <u>\$40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number: <u>03-3415</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
<b>DO NOT USE THIS SPACE</b>		
9. Statement and signature. <i>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.</i>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Mary L. Kevlin</u>            Name of Person Signing         </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: right;"> <u>June 28, 2004</u>            Date         </div> </div> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: <u>7</u></p>		

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

The undersigned hereby certifies that the above-captioned correspondence is being transferred by facsimile to the United States Patent and Trademark Office on the date shown above.

  
Name: Mary L. Kevlin  
Date: June 28, 2004

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**FILED**

JAN 30 1990

CERTIFICATE OF OWNERSHIP AND MERGER  
MERGING

*[Signature]*  
SECRETARY OF STATE  
*[Signature]*

FEDERAL PRESCRIPTION SERVICES, INC. (Iowa Domestic)

INTO

AMERICA'S PHARMACY, INC. (Delaware Domestic)

\* \* \* \* \*

AMERICA'S PHARMACY, INC., a corporation organized and existing under the laws of Delaware,

DOES HEREBY CERTIFY:

FIRST: That this corporation was incorporated on the 3rd day of January, 1985, pursuant to the General Corporation Law of the State of Delaware.

SECOND: That this corporation owns all of the outstanding shares (of each class) of the stock of FEDERAL PRESCRIPTION SERVICES, INC., a corporation incorporated on the 19th day of March, 1963, pursuant to the Corporation Law of the State of Iowa.

THIRD: That this corporation, by the following resolutions of its Board of Directors, duly adopted at a meeting held on the 5th day of December, 1989, determined to and did merge into itself said FEDERAL PRESCRIPTION SERVICES, INC.

RESOLVED, that AMERICA'S PHARMACY, INC. merge, and it hereby does merge into itself said FEDERAL PRESCRIPTION SERVICES, INC. and assumes all of its obligations; and

FURTHER RESOLVED, that the merger shall be effective upon the date of filing with the Secretary of State of Delaware.

FURTHER RESOLVED, that the proper officers of this corporation be and they hereby are directed to make and execute a Certificate of Ownership and Merger setting forth a copy of the resolutions to merge said FEDERAL PRESCRIPTION SERVICES, INC. and assume its liabilities and obligations, and the date of adoption thereof, and to cause the same to be filed with the Secretary of State and a certified copy recorded in the office of the Recorder of Deeds of New Castle County and to do all acts and things whatsoever, whether within or without the State of Delaware, which may be in anywise necessary or proper to effect said merger; and

FOURTH: Anything herein or elsewhere to the contrary notwithstanding this merger may be terminated and abandoned by the board of directors of AMERICA'S PHARMACY, INC. at any time prior to the date of filing the merger with the Secretary of State.

IN WITNESS WHEREOF, said AMERICA'S PHARMACY, INC.  
has caused this certificate to be signed by J. Roberts  
Fosberg, its President, and attested by Judith Woodward  
Archbold, its Secretary, this *10th* day of *January* 1990.

AMERICA'S PHARMACY, INC.

By *J. Roberts Fosberg*  
J. Roberts Fosberg, President

ATTEST:

By *Judith W. Archbold*  
Judith Woodward Archbold, Secretary

Certificate of Ownership of AMERICA'S PHARMACY, INC. a corporation organized and existing under the laws of the State of Delaware merging FEDERAL PRESCRIPTION SERVICES, INC. a corporation organized and existing under the laws of the State of Iowa pursuant to Section 253 of the General Corporation Law of the State of Delaware, as received and filed in this office the thirtieth day of January, A.D. 1990, at 10 A.M.

And I do hereby further certify that the aforesaid Corporation shall be governed by the laws of the State of Delaware.