12/23/03.

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

▼ ▼

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

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

1. Name of conveying party(ies):

Optimum Health Systems, Inc.

☐ Individual(s)　　　　☐ Association
☐ General Partnership　☐ Limited Partnership
☑ Corporation-State **Ohio**
☐ Other _____

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

2. Name and address of receiving party(ies)

Name: **Bethesda Healthcare, Inc.**

Internal Address:_____

Street Address: **619 Oak Street**

City: **Cincinnati**　State: **OH**　Zip: **45206**

☐ Individual(s) citizenship_____
☐ Association_____
☐ General Partnership_____
☐ Limited Partnership_____
☑ Corporation-State **Ohio nonprofit**
☐ 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

3. Nature of conveyance:

☑ Assignment　　　　☐ Merger
☐ Security Agreement　☐ Change of Name
☐ Other_____

Execution Date: **December 16, 2003**

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,243,887　1,245,619

Additional number(s) attached ☐ Yes ☑ No

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

Name: **Susan D. Rector, Esq.**

Internal Address:_____

Schottenstein Zox & Dunn Co., L.P.A.

Street Address: **P.O. Box 165020**

City: **Columbus**　State: **Ohio**　Zip: **43216**

6. Total number of applications and registrations involved: **2**

7. Total fee (37 CFR 3.41).................$ **65.00**

☑ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit account number:

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

2003 DEC 23 OPR/FINANCE

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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.

OPTIMUM HEALTH SYSTEMS, INC.

By: **G. Gerald McKinney, Sec/ Treasurer**

Signature

December **16, 2003**
Date

Total number of pages including cover sheet, attachments, and document: **2**

12/30/2003 6TOM11　00000116 1243887

01 FC:8521　　　　　　　40.00 OP
02 FC:8522　　　　　　　25.00 OP

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

ASSIGNMENT

FOR GOOD AND VALUABLE CONSIDERATION, including the payment of $1.00, the receipt and sufficiency of which are hereby acknowledged, Optimum Health Systems, Inc., an Ohio corporation (the "Assignor") does hereby sell, assign, transfer and convey unto Bethesda Healthcare, Inc., an Ohio nonprofit corporation (the "Assignee") and its successors and assigns, all of Assignor's right, title and interest in and to the service marks SHARE and CONCERN, together with the goodwill of the business symbolized thereby, all registrations pertaining thereto, including federal registration numbers 1,243,887 and 1,245,619, respectively, all rights of registration incident to ownership thereof and all intellectual property rights attaching thereto.

Assignor shall execute and deliver all instruments, certificates and other documents and shall perform all other acts which Assignee may reasonably request to convey and transfer to and vest in Assignee or its successors and assigns and protect its or their right, title and interest in any or all of the service marks.

IN WITNESS WHEREOF, Assignor has executed this Assignment on this _16th_ day of _December_, 2003.

OPTIMUM HEALTH SYSTEMS, INC.

By: _____
G. Gerald McKinney, Sec/Treasurer

STATE OF OHIO :
 : SS.
COUNTY OF HAMILTON :

The foregoing instrument was acknowledged before me this _16th_ day of December, 2003 by G. Gerald McKinney, Secretary and Treasurer of Optimum Health Systems, Inc., an Ohio corporation, for and on behalf of said corporation.

_____
Notary Public

REBECCA J. SAYLOR
Notary Public, State of Ohio
My commission expires
April 2, 2006

{H0386744.1 }