

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

American Pharmaceutical Association

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership

Citizenship (see guidelines) DC Non-Profit

Execution Date(s) March 7, 2003

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: American Pharmacists Association

Internal Address: _____

Street Address: 2215 Constitution Ave., NW

City: Washington

State: DC

Country: USA Zip: 20037

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship DC Non-Profit

Other Citizenship _____

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)

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other to correct serial number
- Merger
- Change of Name

4. Application number(s) or registration number(s) and Identification or description of the Trademark.

A. Trademark Application No.(s)
76/303553, 76/408030,
76/303387, 76/302558

B. Trademark Registration No.(s) 2,680,467;
2,677,335; 2,662,896; 2,659,195

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

attached

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

Name: Stephen Schaefer

Internal Address: O'Brien, Butler, McConihe & Schaefer, PLLC

Street Address: 888 17th St., NW
Suite 1000

City: Washington

State: DC Zip: 20006

Phone Number: 202-298-6161

Fax Number: 202-293-1640

Email Address: _____

6. Total number of applications and registrations involved:

14

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$365.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature: Stephen M. Schaefer
Signature

8/5/04
Date

Stephen M. Schaefer
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 8

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Additional Page
to
Recordation Form Cover Sheet
(Relating to Change in Owner Name to American Pharmacists Association)

Continuation of Item 4:

B. 2,509,235
2,394,485
2,380,144
1,893,126
1,423,407
1,425,725

12/29/03

12-31-2003

C

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



102635307

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark 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):

- Individual(s)
- General Partnership
- Corporation-State
- Other _____
- Association
- Limited Partnership

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

Execution Date: 3/7/03

2. Name and address of receiving party(ies)

Name: AMERICAN PHARMACISTS ASSOCIATION

Internal

Address: _____

Street Address: 215 Constitution Avenue, N.W.

City: Washington State: DC Zip: 20037

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State D.C. Non-Profit Corporation
- 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) 76/303553
76/408030 76/303387 76/302558

B. Trademark Registration No.(s) 2,680,467
2,677,315 2,662,896 2,659,195

Additional number(s) attached Yes No

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

Name: A. Statton Hammock, Jr., Esq.

Internal Address: O'Brien, Butler, McConihe & Schaefer, PLLC

Street Address: 888 17th Street, NW, Ste 1000

City: Washington State: DC Zip: 20006

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 3.41).....\$ 365.00

- Enclosed
- Authorized to be charged to deposit account

B. Deposit account number:

OPR/FINANCE
FEB 27 AM 9:55

DO NOT USE THIS SPACE

9. Signature.

A. STATTON Hammock, Jr.
Name of Person Signing

A. Statton Hammock, Jr.
Signature

12/24/03
Date

Total number of pages including cover 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

(Revised Recordation cover)