

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):

Penton Media, Inc.  
1100 Superior Avenue  
Cleveland, Ohio 44114

- ☐ Individual(s) ☐ Association  
☐ General Partnership ☐ Limited Partnership  
☒ Corporation-State  
☐ Other \_\_\_\_\_

Citizenship (see guidelines) Delaware

Execution Date(s) 11/17/2000

Additional names of conveying parties attached? ☐ Yes ☒ No

### 3. Nature of conveyance:

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☒ Other Change of Owner's Address

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

Additional names, addresses, or citizenship attached? ☐ Yes ☒ No

Name: Penton Media, Inc.

Internal Address: The Penton Media Building

Street Address: 1300 E. 9th Street

City: Cleveland

State: Ohio

Country: United States Zip: 44114-1503

- ☐ Association Citizenship \_\_\_\_\_  
☐ General Partnership Citizenship \_\_\_\_\_  
☐ Limited Partnership Citizenship \_\_\_\_\_  
☒ Corporation Citizenship Delaware  
☐ 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)

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,351,477

Additional sheet(s) attached? ☐ Yes ☒ No

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

HEALTHWELL.COM

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

Name: Jacqueline M. O'Brien

Internal Address: Jones Day

Street Address: 901 Lakeside Avenue

City: Cleveland

State: Ohio Zip: 44114

Phone Number: 216-586-1309

Fax Number: 216-579-0212

Email Address: jobrien@jonesday.com

### 6. Total number of applications and registrations involved:

1

### 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- ☐ 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 50-1432  
Authorized User Name Jacqueline M. O'Brien

### 9. Signature:

Jacqueline M. O'Brien

Signature

Jacqueline M. O'Brien

Name of Person Signing

February 4, 2005  
Date

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

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

TRADEMARK

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NO  
DOCUMENTATION  
REQUIRED