| Form <b>PTO-1594</b> (Rev. 06/04)<br>OMB Collection 0651-0027 (exp. 6/30/2005)   | U.S. DEPARTMENT OF COMMERC<br>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):  AMEVICAN PHACMACUATION  ASSOCIATION  Individual(s) Association  General Partnership Limited Partnership  Corporation-State  Other  Citizenship (see guidelines) DC Non-prant  Execution Date(s) MMCM 7, 2003  Additional names of conveying parties attached? Yes No.  3. Nature of conveyance: Reel/Frame: 00.2763/ | 2. Name and address of receiving party(ies)  Additional names, addresses, or citizenship attached? No  Name: AMEVICAN Pharmacists ASCOC- Internal Address:  Street Address: 2215 Constitution AVE.NW  City: WASHINGTON  State: DC  Country: V ≤ A  Zip: 20037 |
| ☐ Assignment ☐ Merger ☐ Security Agreement ☐ Change of Name ☐ Other 10 Corrust Serial Number:  | 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 A. Trademark Application No.(s) 76/303553, 76/408030 76/303387, 76/302558  C. Identification or Description of Trademark(s) (and Filing AHUCHC)   | B. Trademark Registration No.(s) 2,680,467; 2,677,335; 2,662,896; 2,659,195  Additional sheet(s) attached?   Yes  No  |
| 5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Marauerite Mconine  | 6. Total number of applications and registrations involved:   |
| Internal Address: D'Brien, Butler, McConine<br>& Schaefer, PLLC<br>Street Address: 888 17th Street, NW<br>SWITC 1200   | 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \( \bar{\sum} \) \( A \)  Authorized to be charged by credit card  Authorized to be charged to deposit account  Enclosed  |
| City: Washington  State: DC  | 8. Payment Information:  a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name  |
| 9. Signature: Marguette Magneture  Signature  Marguerite McCan The  Name of Person Signing   | 2/14/05 Date  Total number of pages including cover sheet, attachments, and document:   |

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 REEL: 003036 FRAME: 0551

## 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

TRADEMARK REEL: 003036 FRAME: 0552

08-11-2004

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

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

| Additional names, addresses, or citizenship attached? Name: American Pharmacists Internal Association    Individual(s)   | 102811547  |  |  |
|--|--|--|--|
| American Pharmaceutical Association    American Pharmacists  | To the Director of the U, S. Patent and Trademark Office: Please record the attached documents or the new address(es) below. |  |  |
| Additional names, addresses, or citizenship attached? \( \) No Name: \( \) Association \( \) Association \( \) General Partnership \( \) Limited Partnership \( \) Corporation-State \( \) Other \( \) Citizenship (see guidelines) \( \) DC Non-Profit \( \) Country: \( \) USA \( \) Zip: \( \) 20037 \( \) Control number (s) or registration number(s) and identification or Description of Trademark(s) (and Filing Date if Applications and registrations involved:  A Street Address: \( \) 2215 \( \) Constitution \( \) Ave., \( \) City: \( \) Washington \( \) State: \( \) DC \( \) Country: \( \) USA \( \) Zip: \( \) 20037 \( \) Country: \( \) USA \( \) Zip: \( \) 20037 \( \) Country: \( \) USA \( \) Zip: \( \) 20037 \( \) Association \( \) Citizenship \( \) Ceneral Partnership \( \) Citizenship \( \) Citizenship \( \) Corporation Citizenship \( \ | 1. Name of conveying party(ies)/Execution Date(s):   | 2. Name and address of receiving party(ies)                |  |
| Individual(s)  | American Pharmaceutical  | Additional names, addresses, or citizenship attached?      |  |
| Individual(s)  | Association  |  |  |
| General Partnership  | ☐ Individual(s) ☐ Association  | internal   |  |
| City: Washington   |  |  |  |
| Citizenship (see guidelines) DC Non-Profit  Execution Date(s) March 7, 2003  Additional names of conveying parties attached? Yes No  Additional names of conveying parties attached? Yes No  3. Nature of conveyance:  Assignment Merger  Security Agreement Change of Name  Security Agreement Correct serial number  A Application number(s) or registration number(s) and dentification or description of the Trademark.  A. Trademark Application No.(s)  76/303387, 76/3032558  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; PLLC  Street Address: 888 17th St., NW  Suite 1000  City: Washington  State:  DC  Country: USA  Zip: 20037  Association Citizenship  Citizenship  Corporation Citizenship  City: Washington  State:  DC  Country: USA  Zip: 20037  Association Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Corporation Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Citizenship  Corporation Citizenship  Corporation Citizenship  Citizenship  Citizenship  Citizenship  Corporation Citizenship  Citizenship  Citizenship  Citizenship  Corporation Citizenship |  | · · · · · · · · · · · · · · · · · · ·                      |  |
| Citizenship (see guidelines) DC Non-Profit  Execution Date(s) March 7, 2003  Additional names of conveying parties attached? Yes No  3. Nature of conveyance:  Assignment  |  | · ———  |  |
| Execution Date(s) March 7, 2003 Additional names of conveying parties attached? Yes No Additional names of conveying parties attached? Yes No 3. Nature of conveyance:  Assignment Merger Security Agreement Change of Name Security Agreement Correct serial number 4. Application number(s) or registration number(s) and identification or description of the Trademark. A. Trademark Application No.(s) 76/302553, 76/408630, 76/303387, 76/302558 C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  at tached 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 Phone Profit Citizenship General Partnership Citizenship Corporation Citizenship Citizenshi | Citizenship (see guidelines) DC Non-Profit   | State: DC  |  |
| Additional names of conveying parties attached? Yes No  3. Nature of conveyance:  Assignment Merger  Security Agreement X Change of Name Y Other to correct serial number  4. Application number(s) or registration number(s) and identification or description of the Trademark.  A. Trademark Application No.(s)  76 / 30 3 5 3 7  |  |  |  |
| Limited Partnership   Citizenship   Corporation   Citizenship   Citiz    |  |  |  |
| Assignment   |  | l I  |  |
| Security Agreement   | <u> </u>   | , — · · ——— •  |  |
| 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.  5. Trademark Application No.(s)  76/303553, 76/408030,  76/303387, 76/302558  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  Phone Number: 202-298-6161  Phone Number: 202-298-6161  Phone Number: 202-298-6161   | Assignment Merger  | Other Citizenship  |  |
| A 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  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  D. Denosit Account Number    Denosit Account Number    | Security Agreement X Change of Name  |  |  |
| A. Trademark Application No.(s) 76/303553, 76/408030, 76/303387, 76/302558  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: 0'Brien, Butler, McConihe & Schaefer; PLLC Street Address: 888 17th St NW Suite 1000  City: Washington State: DC Phone Number: 202~298-6161  Phone Number: 202~298-6161  B. Trademark Registration No.(s) 2,680,467; 2,677,335; 2,662,896; 2,659,195  Additional sheet(s) attached? X Yes No  Additional sheet(s) attached? X Yes No  Cathering Additional sheet(s) attached? X Yes No  Additional shee   | X Otherto correct serial number  | (Designations must be a separate document from assignment) |  |
| 76/303553, 76/408030, 76/303387, 76/302558  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: 0'Brien, Butler, McConihe & Schaefer, PLLC  Street Address: 888 17th St., NW  Suite 1000  City: Washington  State: DC  Zip: 20006  Phone Number: 202-298-6161  D. Denosit Account Number  D. Denosit Account Number  | 4. Application number(s) or registration number(s) and identification or description of the Trademark.                       |  |  |
| 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: 0'Brien, Butler, McConihe & Schaefer, PLLC  Street Address: 888 17th St., NW Suite 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  Deposit Account Number  Deposit Account Number  | A. Trademark Application No.(s)  |  |  |
| 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: 0'Brien, Butler, McConihe & Schaefer, PLLC  Street Address: 888 17th St., NW Suite 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  Deposit Account Number  Deposit Account Number  | 76/303387, 76/302558   |  |  |
| 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  Deposit Account Number  State: DC Zip: 20006  Deposit Account Number   |  |  |  |
| 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  Phone Number: 202-298-6161  Phone Number: 202-298-6161  5. 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 X Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  Phone Number: 202-298-6161   |  |  |  |
| 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  Phone Number: 202-298-6161  Deposit Account Number  Suite 1000  Tegistrations 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  X Enclosed  8. Payment Information:  a. Credit Card Last 4 Numbers  Expiration Date  |  |  |  |
| 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  Deposit Account Number  State: DC Deposit Account Number  |  |  |  |
| McConihe & Schaefer; PLLC  Street Address: 888 17th St NW Suite 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  Deposit Account Number  | Name: Stephen Schaefer   | registrations involved.                                    |  |
| Street Address: 888 17th St NW Suite 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  Deposit Account Number   | Internal Address: O'Brien, Butler,   | 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$_365.00           |  |
| Street Address: State 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  D. Deposit Account Number   | McConihe & Schaefer, PLLC  | · — · · · · · · · · · · · · · · · · · ·                    |  |
| Suite 1000  City: Washington State: DC Zip: 20006  Phone Number: 202-298-6161  Deposit Account Number  | Street Address: 888 17th St., NW   |  |  |
| State: DC Zip: 20006 a. Credit Card Last 4 Numbers Expiration Date Deposit Account Number  |  | LAJ Enclosed   |  |
| Phone Number: 202-298-6161  Deposit Account Number   | City: Washington   | 8. Payment Information:                                    |  |
| Phone Number: 202-298-6161   | State: DC Zip: 20006   |  |  |
| 102 202 1670 I D. Debosit Account Number   | Phone Number: 202~298-6161   |  |  |
| Fax Number: 202-293-1040   | Fax Number: 202-293-1640   | · · · · · · · · · · · · · · · · · · ·                      |  |
|  | Email Address:   | Authorized User Name                                       |  |
| 9. Signature: Stephen M Khalfu 8/5/04  | 9. Signature: Stephen M khalfu   | 8/5/04   |  |
| Stanbas M. Saharéan  |  |  |  |
| Stephen M. Schaefer  Name of Person Signing  Total number of pages including cover sheet, attachments, and document:  8  |  |  |  |

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## SUPPORTING DOCUMENTATION FOR TRADEMARK CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

**EFFECTIVE** 

OCTOBER 30, 1999

TRADEMARK REEL: 003036 FRAME: 0554

**RECORDED: 02/14/2005**