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OMB Collection 0651-0027 (exp. 6/30/2005)

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

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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):

KEENAN, MICHAEL, T

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

Citizenship (see guidelines) US
Execution Date(s) 9-1-2004 (SEPT)

Additional names of conveying parties attached? Yes No

3. Nature of conveyance:

- Assignment of **ALL RIGHT, TITLE AND INTEREST**
- Security Agreement
- Other
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: WELLWISDOM, LLC
Internal Address:
Street Address: P.O. Box 191047
City: SAN DIEGO,
State: CALIFORNIA
Country: US Zip: 92159

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other: LLC Citizenship: US

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)

78001150

B. Trademark Registration No. (s)

2659381

Additional sheet(s) attached? Yes No

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

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

Name: WELLWISDOM, LLC

Internal Address:

Street Address: P.O. BOX 191047

City: SAN DIEGO

State: CALIFORNIA Zip: 92159

Phone Number: 619-469-8196

Fax Number: 619-469-8142

Email Address: CONTACT VIA MAIL

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 _____
Authorized User Name _____

9. Signature: Michael T Keenan

9-1-2004

Signature

Date

MICHAEL T KEENAN

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 1

Documents to be recorded (including cover sheet) should be faxed to (703) 368-6000, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22313-1480

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**Michael T. Keenan
2161 Dryden Road
El Cajon, CA 92020**

9-1-2004

Dear USPTO

**I am an individual and the conveying party in this matter.
This is acknowledgement and agreement that I am Assigning all
Right, Title and Interest of the TM Application # 78001150,
Registration # 2659381, Identification IMMUNOPRO.**

**I agree that the receiving party is:
Wellwisdom, LLC
P.O. Box 191047
San Diego, CA 92159
Tele 619-469-8196**

Sincerely yours,

Michael T. Keenan

Michael T. Keenan