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03-31-2005



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C-C TM  
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Form 10-1594 (Rev. 06/04)  
OMB Collection 0651-0027 (exp. 6/30/2006)

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):**

Personal Path Systems, Inc

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

Citizenship (see guidelines) USA

Execution Date(s) March 1, 2005

Additional names of conveying parties attached? ☐ Yes ☒ No

**3. Nature of conveyance:**

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Other

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

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

Name: Paradigm Health Systems, Inc

Internal

Address:

Street Address: 1001 Galaxy Way, Suite 300

City: Concord

State: California

Country: USA Zip: 94520

- ☐ Association Citizenship  
☐ General Partnership Citizenship  
☐ Limited Partnership Citizenship  
☒ Corporation Citizenship USA  
☐ 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)

Serial No. 75654418

B. Trademark Registration No.(s)

Reg. No. 2494773

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: Michael Burcham

Internal Address:

Street Address: 1001 Galaxy Way  
Suite 300

City: Concord

State: CA Zip: 94520

Phone Number: 925-677-4736

Fax Number: 925-676-0640

Email Address: michael.burcham@paradigmhealth.com

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

5

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$** 140

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

**8. Payment Information:**

a. Credit Card Last 4 Numbers 1064  
Expiration Date 01/08

b. Deposit Account Number

Authorized User Name

**9. Signature:**

Michael Burcham

Signature

03-01-2005

Date

Michael Burcham

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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

03/29/2005 EIDUPER 00000236 75654418

40.00 DP  
100.00 DP

01 FC:6521  
02 FC:6522

TRADEMARK  
REEL: 003144 FRAME: 0247

**Trademarks - Change of Name - Paradigm Health Systems, Inc.**

Trade Mark:	Status:	Serial #:	Filing Dt:	Reg #:	Reg. Dt:
PERSONALPATH	Registered	75654418	3/5/1999	2494773	10/2/2001
FRANKLIN HEALTH	Registered	75799325	9/14/1999	2673563	1/14/2003
UAI	Registered	75848946	11/15/1999	2729549	6/24/2003
PERSONALPATH.COM	Registered	75884316	12/30/1999	2493488	9/25/2001
PERSONALPATH	Registered	75884630	12/30/1999	2613146	8/27/2002

1)  
2)  
3)  
4)  
5)

SUPPORTING DOCUMENTATION FOR TRADEMARK  
CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999