

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

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):

Pride Health Care, Inc.

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

Citizenship (see guidelines) _____

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: Pride Mobility Products Corporation

Internal _____

Address: _____

Street Address: 182 Susquehanna Avenue

City: Exeter

State: Pennsylvania

Country: _____ Zip: 18643

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship Pennsylvania

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 /Execution Date(s) :

Execution Date(s) December 28, 1998

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

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)
2,388,263

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: Charles N. Quinn, Esq.

Internal Address: Fox Rothschild, LLP

Street Address: 2000 Market Street, 10th Floor

City: Philadelphia

State: PA Zip: 19103

Phone Number: 215-299-2135

Fax Number: 215-299-2150

Email Address: cquinn@foxrothschild.com

6. Total number of applications and registrations involved:

1

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

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

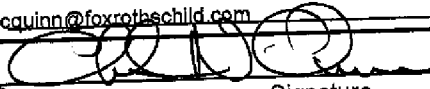
8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1943

Authorized User Name Charles N. Quinn, Esq.

9. Signature:



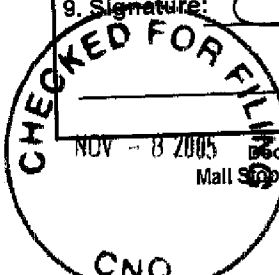
Signature

8 November 2005
Date

Charles N. Quinn

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 (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$40.00 501943 2388263

Microfilm Number _____

Filed with the Department of State on

JAN 06 1999

Entity Number

2850220

 Secretary of the Commonwealth

ACTING
ARTICLES OF MERGER-DOMESTIC BUSINESS CORPORATION
 CSCB:15-1925 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 1928 (relating to articles of merger or consolidation), the undersigned business corporations, desiring to effect a merger, hereby state that:

1. The name of the corporation surviving the merger is: PRIDE MOBILITY PRODUCTS, CORPORATION

2. (Check and complete one of the following):

The surviving corporation is a domestic business corporation and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a)	<u>182 Susquehanna Avenue</u>	<u>Exeter</u>	<u>PA</u>	<u>18643</u>	<u>Luzerne</u>
	Number and Street	City	State	Zip	County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

_____ The surviving corporation is a qualified foreign business corporation incorporated under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a)	_____	_____	_____	_____	_____
	Number and Street	City	State	Zip	County

(b) c/o: _____
 Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

_____ The surviving corporation is a nonqualified foreign business corporation incorporated under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

_____	_____	_____	_____
Number and Street	City	State	Zip

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business corporation and qualified foreign business corporation which is a party to the plan of merger are as follows:

Name of Corporation	Address of Registered Office or Name of Commercial Registered Office Provider	County
<u>Pride Health Care, Inc.</u>	<u>182 Susquehanna Avenue Exeter PA 18643</u>	<u>Luzerne</u>
<u>(a Delaware Corporation qualified to do business in Pennsylvania and the Disappearing Corporation in this merger)</u>		

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PA Dept. of State

DSCB:15-1926 (Rev 90)-2

4. (Check, and if appropriate complete, one of the following):

The plan of merger shall be effective upon filing these Articles of Merger in the Department of State.

The plan of merger shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation is as follows:

Name of Corporation	Manner of Adoption
<u>PRIDE HEALTH CARE, INC.</u>	<u>Unanimous Written Consent of Directors and Unanimous Written Consent of Stockholders dated 12/28/98</u>

<u>PRIDE MOBILITY PRODUCTS, CORPORATION</u>	<u>Unanimous Written Consent of Directors and Unanimous Written Consent of Stockholders dated 12/28/98</u>
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6. (Strike out this paragraph if no foreign corporation is a party to the merger). The plan was authorized, adopted or approved, as the case may be, by the foreign business corporation (or each of the foreign business corporations) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated.

7. (Check, and if appropriate complete, one of the following):

The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative Articles of Incorporation of the surviving corporation as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation, the address of which is:

<u>182 Susquehanna Avenue</u>	<u>Exeter</u>	<u>PA</u>	<u>18643</u>	<u>Luzerne</u>
Number and Street	City	State	Zip	County

IN TESTIMONY WHEREOF, the undersigned corporation or each undersigned corporation has caused these Articles of Merger to be signed by a duly authorized officer thereof this 28th day of December, 19 98

PRIDE MOBILITY PRODUCTS, CORPORATION
(Surviving Corporation)

BY: Scott S. Meuser
(Signature)

TITLE: President

PRIDE HEALTH CARE, INC.
(Disappearing Corporation)

BY: Scott S. Meuser
(Signature)

TITLE: President