

CORRECTED

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RECORDATION FORM COVER SHEET

Docket No.:

WBH-10019/28

TRADEMARKS / SERVICE MARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached original documents or the new address(es) below.

1. Name of conveying party(ies):

Cindy L. Grines

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

Citizenship (see guidelines) United States

Additional names(s) of conveying party(ies) Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date: May 17, 2006

- 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: William Beaumont Hospital

Internal

Address: _____

Street Address: 3601 W. Thirteen Mile Road

City: Royal Oak

State: MI

Country: United States ZIP: 48072

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship United States
- Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from

4. Application number(s) or registration numbers(s) and identification or description of the Trademark/Service Mark:

A. Trademark / Service Mark Application No. (s)

B. Trademark / Service Mark Registration No. (s)

2,262,520

2,957,112

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s)/Service Mark(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: Gifford, Krass, et al.

Internal Address: Julie A. Greenberg

Street Address: P.O. Box 7021

City: Taoy

State: MI Zip: 48007-7021

Phone Number: 248-647-6000

Fax Number: 248-647-5210

Email Address: _____

6. Total number of applications and registrations involved:

2

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

- 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:

Julie A. Greenberg

Signature

Julie A. Greenberg

Name of Person Signing

May 24, 2006

Date

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

TRADEMARK

CONFIRMATION OF ASSIGNMENT


WHEREAS, Cindy L. Grines, an individual having a business address of 3601 W. Thirteen Mile Road, Royal Oak, MI 48072, is the owner of the following marks registered in the United States Patent and Trademark Office.

<u>MARK</u>	<u>REGISTRATION NO.</u>	<u>REGISTRATION DATE</u>
FAMI	2,262,520	July 20, 1999
CROSSBREAK	2,957,112	May 31, 2005

WHEREAS, William Beaumont Hospital, a Michigan corporation having its principal offices at 3601 W. Thirteen Mile Road, Royal Oak, MI 48072, has acquired said marks.

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, Cindy L. Grines hereby assigns to William Beaumont Hospital, all right, title and interest in the United States in and to said marks together with the good will of the business symbolized by said marks and registrations thereof.

Signed at Royal Oak, Michigan, this 17th day of May, 2006.


Cindy L. Grines