U.S. DEPARTMENT OF COMMERCE ted States Patent and Trademark Office OMB Collection 0651-0027 (exp. 6/30/2008) RE(206 SEP 11 AM 8:31 To the Director of the U. S. Patent and Trademark Office: Please record the authorized accuments of the mew address (es) below. 1. Name of conveying party(ies): Piegorsch Associates, Inc. Synergo, LLC Name: Internal Association Individual(s) Address: Limited Partnership General Partnership ✓ Corporation- State: SC City: Tucson __ Other __ State: AZ_ Citizenship (see guidelines) Country: USA Additional names of conveying parties attached? Yes 🗸 No Association 3. Nature of conveyance)/Execution Date(s): Limited Partnership Execution Date(s) 7 September 2006 ✓ Corporation Citizenship_ Assignment Merger _ Citizenship ✓ Change of Name Security Agreement

Form **PTO-1594** (Rev. 07/05)

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2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? ✓ No Street Address: 4901 N Calle Luisa Zip: 85718 Citizenship _____ General Partnership Citizenship Citizenship ____ If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes (Designations must be a separate document from assignment) 4. Application number(s) or registration number(s) and identification or description of the Trademark. B. Trademark Registration No.(s) A. Trademark Application No.(s) 3,011,364 Additional sheet(s) attached? Yes Vo 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 6. Total number of applications and concerning document should be mailed: 1 registrations involved: Name: Karen Piegorsch 7. Total fee (37 CFR 2.6(b)(6) & 3.41) Internal Address: Authorized to be charged by credit card Authorized to be charged to deposit account Street Address: 4901 N Calle Luisa ✓ Enclosed 8. Payment Information: City: Tucson a. Credit Card Last 4 Numbers Zip:<u>85718</u> State: AZ Expiration Date Phone Number: <u>520-400-1017</u> b. Deposit Account Number ____ Fax Number: none Authorized User Name Email Address: <u>admin@bewellworkbetter.com</u> 9. Signature: 7 September 2006 09/12/2006 DEYRNE 00000058 3011364 Date Signatufe 40.00 OP Karen Piegorsch __ Total number of pages including cover sheet, attachments, and document: Name of Person Signing

09-13-2006

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

SUPPORTING DOCUMENTATION FOR TRADEMARK CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999

TRADEMARK
REEL: 003393 FRAME: 0908

RECORDED: 09/11/2006