

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
ABC Technologies, Inc.		09/30/2002	CORPORATION: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Bettermanagement.com, Inc.		
<b>Street Address:</b>	16100 N.W. Cornell Road, Suite 190		
<b>City:</b>	Beaverton		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97006		
<b>Entity Type:</b>	CORPORATION: OREGON		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1955345	OROS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(919)755-6096		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	919-755-2109		
<b>Email:</b>	mtepper@wcsr.com		
<b>Correspondent Name:</b>	Maury M. Tepper, III		
<b>Address Line 1:</b>	PO Box 831		
<b>Address Line 4:</b>	Raleigh, NORTH CAROLINA 27602		
<b>ATTORNEY DOCKET NUMBER:</b>	42007.1.1		
<b>NAME OF SUBMITTER:</b>	Maury M. Tepper, III		
<b>Signature:</b>	/Maury M. Tepper, III/		
<b>Date:</b>	10/16/2006		

**CH \$40.00 1955345**

Total Attachments: 2

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CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached copy of the  
**Articles of  
Amendment**  
filed on  
**September 30, 2002**  
for  
**ABC TECHNOLOGIES, INC.**  
changing the name to  
**BETTERMANAGEMENT.COM INC.**  
is a true copy of the original document  
that has been filed with this office.

In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

**BILL BRADBURY**, Secretary of State



By

Marilyn R. Smith

October 2, 2002



Phone: (503) 986-2200  
Fax: (503) 378-4381

Articles of Amendment—Business/Professional/Nonprofit

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327

Check the appropriate box below:

For office use only

- BUSINESS/PROFESSIONAL CORPORATION  
(Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION  
(Complete only 1, 2, 3, 5, 6, 7)

FILED

SEP 30 2002

OREGON  
SECRETARY OF STATE

Registry Number: 177059-89

Attach Additional Sheet if Necessary  
Please Type or Print Legibly in Black Ink

- 1) NAME OF CORPORATION PRIOR TO AMENDMENT ABC Technologies, Inc.
- 2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)  
Article I shall be amended to read: "The name of the Corporation is BetterManagement.com Inc."
- 3) THE AMENDMENT WAS ADOPTED ON: September 30, 2002  
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

- Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class of series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common	1,000	1,000	1,000	0

- Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.
- The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

- Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.
- Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) EXECUTION

Printed Name

W. Greyson Quarles, Jr.

Signature

Title

President



7) CONTACT NAME

Christopher Erickson

DAYTIME PHONE NUMBER - INCLUDING AREA CODE

503-802-2177

10/30/02

FEES

Make check for \$20 payable to "Corporation Division."

Processing fees are nonrefundable

NOTE: Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.