

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):**

MONTE NIDO TREATMENT CENTER

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation- State: California
- Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) October 25, 2002

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other CORRECTIVE ASSIGNMENT

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: MONTE NIDO RESIDENTIAL CENTER, INC.

Internal

Address: \_\_\_\_\_

Street Address: 27162 Sea Vista Drive

City: Malibu

State: California

Country: USA Zip: 90265

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship CALIFORNIA
- 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)

B. Trademark Registration No.(s)

2512460

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: Peter M. Eichler, Esq.

Internal Address: Promenade Corporate Center, Suite 300

Street Address: 16427 N. Scottsdale Road

City: SCOTTSDALE

State: Arizona Zip: 85254-1597

Phone Number: 480-663-2163

Fax Number: 480-663-2152

Email Address: peichler@jsslaw.com

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

One

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00**

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

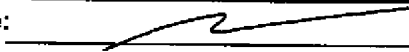
**8. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 501234

Authorized User Name Peter M. Eichler

**9. Signature:**



Signature

October 12, 2006

Date

PETER M. EICHLER, ESQ.

Name of Person Signing

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

7

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

RightFax

10/6/06 6:36 PAGE 004/008 Fax Server

<b>TRADEMARK ASSIGNMENT</b>
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Electronic Version v1.1  
 Stylesheet Version v1.1

**10/04/2006**  
**900059408**

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the City and zip code previously recorded on Reel 003284 Frame 0450. Assignor(s) hereby confirms the AMENDMENT.		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
MONTE NIDO RESIDENTIAL CENTER, INC.	FORMERLY MONTE NIDO TREATMENT CENTER	10/25/2002	CORPORATION: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	MONTE NIDO RESIDENTIAL CENTER, INC.		
<b>Street Address:</b>	27162 Sea Vista Drive		
<b>City:</b>	Malibu		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	90265		
<b>Entity Type:</b>	CORPORATION: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2612460	MONTE NIDO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(480)663-2152		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	4806632163		
<b>Email:</b>	agregory@jsslaw.com		
<b>Correspondent Name:</b>	PETER M. EICHLER		
<b>Address Line 1:</b>	16427 N. SCOTTSDALE RD		
<b>Address Line 2:</b>	Suite 300		
<b>Address Line 4:</b>	SCOTTSDALE, ARIZONA 85254-1597		
<b>NAME OF SUBMITTER:</b>	Peter M. Eichler		
<b>Signature:</b>	/petermeichler/		
<b>Date:</b>	10/04/2006		

CH \$40.00 2612460

**TRADEMARK**  
**REEL: 003420 FRAME: 0196**

M0J0JJ / J

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

NOV 20 2002

BILL JONES, Secretary of State

**AMENDMENT TO ARTICLES OF INCORPORATION  
OF  
MONTE NIDO TREATMENT CENTER**

The undersigned, Bruce Martin, hereby certifies as follows:

1. He is and during all the times mentioned herein has been the President and Secretary, respectively, of Monte Nido Treatment Center a California corporation.

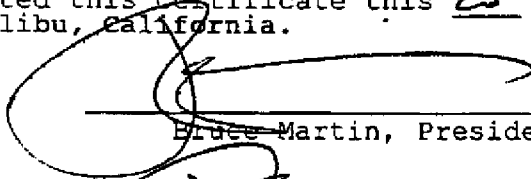
1. Article One of the Articles of Incorporation of the, is amended to read as follows:

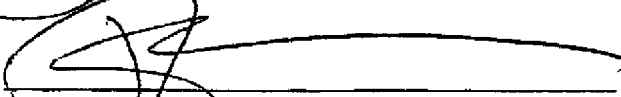
"The name of the corporation is Monte Nido Residential Center, Inc."

2. This Amendment of the Articles of Incorporation has been duly approved by the Board of Directors.

3. This Amendment has been duly approved by unanimous vote of the sole shareholder. The corporation has only one class of shares and the number of outstanding shares prior to this Amendment is One Hundred (100). The number of shares voting in favor of the Amendment is One Hundred (100).

IN WITNESS WHEREOF, the undersigned declare, under penalty of perjury, that the foregoing is true and correct of their own personal knowledge. The undersigned have executed this Certificate this 25<sup>th</sup> day of October, 2002 at Malibu, California.

  
\_\_\_\_\_  
Bruce Martin, President

  
\_\_\_\_\_  
Bruce Martin, Secretary



H0000013



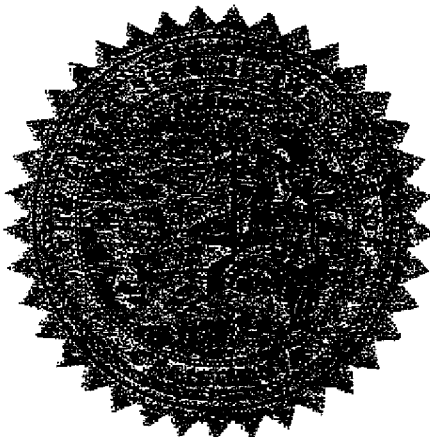
**SECRETARY OF STATE**

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

*IN WITNESS WHEREOF*, I execute this certificate and affix the Great Seal of the State of California this day of

DEC - 7 2002



*Bill Jones*

Secretary of State

04:50pm From-1

0017075652624

T-455 P.03/003 F-862

04:43pm From-XDS

7075226310

T-639 P.03/03 F-303

1772021

FILED

In the office of the Secretary of State  
of the State of California

OCT 23 1995

*Bill Jones*  
BILL JONES, Secretary of State

ARTICLES OF INCORPORATION

OF

MONTE NIDO TREATMENT CENTER

I

The name of this corporation is Monte Nido Treatment Center.

II

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

III

The name and address in the State of California of this corporation's initial agent for service of process is:

Christopher G. Costin, Esq.  
317 College Avenue  
Santa Rosa, CA 95404



IV

This corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 100,000.

*Christopher G. Costin*

Christopher G. Costin

Received Feb-14-01 16:49

From-7075226310

To-BEYERS,COSTIN&CASE

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