



03-15-2007

03-22-2007



# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

103385587

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

3-15-07

### 1. Name of conveying party(ies):

COMPREHENSIVE HEALTH SERVICES, INC.

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

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: THE WELLNESS PLAN

Internal

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

Street Address: 7700 Second Avenue

City: Detroit

State: Michigan

Country: USA Zip: 48202

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship Michigan
- 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) August 17, 2000

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other \_\_\_\_\_

### 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)

2123580

Additional sheet(s) attached?  Yes  No

### C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

A red apple with a window with four white panels on the top right of the apple, and a green steam with leaf, at the top

### 5. Name & address of party to whom correspondence concerning document should be mailed:

Name: The Wellness Plan

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

Street Address: 7700 Second Avenue

City: Detroit

State: Michigan Zip: 48202

Phone Number: 313-202-6851

Fax Number: 313-202-6862

Email Address: skirk@wellplan.com

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

1

### 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 \_\_\_\_\_

03/22/2007 Expiration Date 00000004 2123580

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature: Stanley R Kirk

Signature

March 7, 2007

Date

Stanley R. Kirk, Corporate Counsel

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:  1  2

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

