

5-23-07

05-24-2007

RE



103409228

To the Director of the U. S. Patent and Trademark Office

Attachments or the new address(es) below.

1. Name of conveying party(ies):

Affilion, L.L.C.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) July 27, 2005

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Affilion, Inc.

Internal

Address: Suite 703

Street Address: 80 E. Rio Salado Parkway

City: Tempe

State: Arizona

Country: USA

Zip: 85281

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship Arizona

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)

76/634051

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

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

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

Name: Austin D. Potenza II

Internal Address: Suite 2210

Street Address: 201 North Central Avenue

City: Phoenix

State: Arizona Zip: 85004-0022

Phone Number: 602-252-1900

Fax Number: 602-252-1114

Email Address: apotenza@cmpbglaw.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 _____

Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

David Samuels

Name of Person Signing

5/18/07
Date

Total number of pages including cover sheet, attachments, and documents: _____

ASSIGNMENT COVERSHEET

SUBMITTED WITHOUT

SUPPORTING DOCUMENTATION