

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Shield-California Health Care Center, Inc.		10/12/2007	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Home Delivery Incontinent Supplies Co.		
Street Address:	9385 Dielman Industrial Drive		
City:	St. Louis		
State/Country:	MISSOURI		
Postal Code:	63132		
Entity Type:	CORPORATION: MISSOURI		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2890609	M O M S MAIL ORDER MEDICAL SUPPLY	
CORRESPONDENCE DATA			
Fax Number:	(314)552-7000		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	3145526000		
Email:	ipdocket@thompsoncoburn.com		
Correspondent Name:	Matthew J. Himich		
Address Line 1:	One US Bank Plaza		
Address Line 4:	St. Louis, MISSOURI 63101		
ATTORNEY DOCKET NUMBER:	11422-72269		
NAME OF SUBMITTER:	Matthew J. Himich		
Signature:	/Matthew J. Himich/		
Date:	11/02/2007		

CH \$40.00 2890609

Total Attachments: 3

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ASSIGNMENT

THIS ASSIGNMENT is made by Shield-California Health Care Center, Inc., a Delaware corporation having a place of business at 25230 Avenue Stanford, Valencia, California 91355 ("Assignor"), to Home Delivery Incontinent Supplies Co., a Missouri corporation having a place of business at 9385 Dielman Industrial Drive, St. Louis, Missouri 63132 ("Assignee").

WHEREAS, Assignor has adopted, used and is the owner of the trademark and registration (the "Mark"), identified as follows:

<u>MARK</u>	<u>SERIAL NUMBER</u>	<u>REGISTRATION NUMBER</u>	<u>REGISTRATION DATE</u>
MOMS MAIL ORDER MEDICAL SUPPLY and design	75/126,461	2890609	October 5, 2004


WHEREAS, Assignee previously entered into an assignment agreement with Mail Order Medical Supplies, Inc. transferring ownership of the Mark to Assignee, and later determined that according to the records at the United States Patent and Trademark Office, the Mark was registered in the name of Shield-California Health Care Center, Inc.

AND, WHEREAS, Assignee is desirous obtaining a further assignment from the nominal registrant of the Mark, in furtherance of its acquisition of the entire right, title and interest to the Mark and registration, together with the goodwill of the business associated therewith.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor does hereby assign and transfer to Assignee its entire right, title and interest in and to the mark and registration identified above, together with the goodwill symbolized by the mark, and any and all rights of recovery based on past infringement of said mark and/or registration, the same to be held and enjoyed by Assignee, its successors and assigns. The Parties understand and agree that Assignor will continue to do business under multiple other registered and unregistered trademarks, and this Assignment shall not include any of those other marks or any of Assignor's goodwill or rights connected with the use of or symbolized by any of the other registered or unregistered trademarks.

Signed at 25230 Avenue Stanford, Valencia, California 91355, effective as of the 23rd day of November, 2005.

SHIELD CALIFORNIA HEALTH CARE CENTERS, INC.

By 
 James W. Snell, President
 10/12/07

STATE OF CALIFORNIA)
) SS.
 COUNTY OF _____)

On this ____ day of _____, 2007, personally appeared _____, to me known and known to me to be _____ of Shield California Health Care Centers, Inc., the Assignor above-named, and acknowledged that he executed the foregoing Assignment on behalf of the Assignor and pursuant to authority duly received.

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Los Angeles

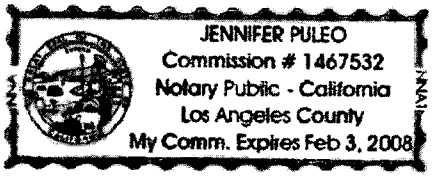
On October 12, 2007 before me, Jennifer Puleo, Notary Public

Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared James W. Snell

Name(s) of Signer(s)

personally known to me - **OR** - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Jennifer Puleo
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Assignment Document

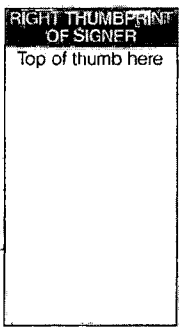
Document Date: 10/12/07 Number of Pages: 2

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: James W. Snell

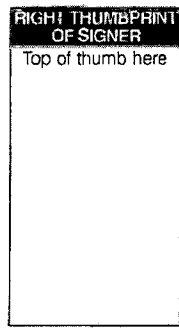
- Individual
- Corporate Officer
Title(s): President
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing:
Shield Healthcare Centers

Signer's Name: _____

- Individual
- Corporate Officer
Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing:

