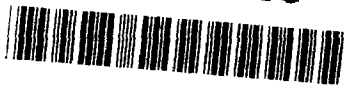


03-25-2008

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2009)

DEPARTMENT OF COMMERCE
Patent and Trademark Office



3/21/08

RECO

TRADEMARK

103491889

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):
Bobby Hickman
 PO Box 1909
 Santa Maria, CA 93454

Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: _____
 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: **John W. Roberts**

Internal Address: _____
 Street Address: **PO Box 4050**
 City: **Irvine**
 State: **CA**
 Country: **USA** Zip: **92616**

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other **INDIVIDUAL** citizenship **US**

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) **3/21/08**

Assignment Merger
 Security Agreement Change of Name
 Other **Transfer Trademark**

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) **Heal The World**
Serial 77407615

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):
Heal The World

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

Internal Address: **PO BOX 1909**

Street Address: _____

City: **SANTA MARIA**

State: **CA** Zip: **92436**

Phone Number: _____
 Fax Number: _____
 Email Address: _____

6. Total number of applications and registrations involved: _____

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

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 **03/21/2008 DBYRNE 00000048 77407615**
 Authorized User Name _____ 48.00 DP

9. Signature:

Bobby Hickman Signature Date _____

Name of Person Signing

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

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

HEAL THE KIDS
TOGETHER WE CAN CHANGE THE WORLD

Phone: (641)715-0120 Ext: 2714

Fax: (641)453-9880 www.HealTheKidsCharity.org



To Whom It May Concern:

My name is Bobby J. Hickman and I am the founder of HEAL THE KIDS. I am located at 1059 Baden Ave, Grover Beach CA, 93433. My former address is 841 W. Las Flores Way Santa Maria, CA 93458. I am the current owner/applicant of the trademark "HEAL THE WORLD" serial number 77407615. I am requesting transfer of ownership to John Roberts, President of Heal The World, Inc. Heal The World, Inc. is located at PO Box 4050 in Irvine, California.

If you need anymore information from me, please call: 805-354-9807

Thank You,

Bobby J. Hickman

"HEAL THE KIDS focuses on children aiming for their safe and healthy development to be the world's priority. We aim to make the world aware of the rights and needs of all children around the world. We hope to improve and gain financial literacy so we can build a better world."