

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Correct an error made in a previously recorded document that erroneously affects the identified registration

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Doctors Visions Center, O.D., P.A.		09/15/2008	Professional Association: NORTH CAROLINA

**RECEIVING PARTY DATA**

<b>Name:</b>	Doctors Visions Center, O.D., P.A.
<b>Street Address:</b>	600 Grace Street Suite D
<b>City:</b>	Rocky Mount
<b>State/Country:</b>	NORTH CAROLINA
<b>Postal Code:</b>	27804
<b>Entity Type:</b>	Professional Association: NORTH CAROLINA

**PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	2007443	DOCTORS VISION CENTER

**CORRESPONDENCE DATA**

Fax Number: (252)672-5477  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 252-672-5400  
 Email: trademarks@wardandsmith.com  
 Correspondent Name: Angela P. Doughty  
 Address Line 1: 1001 College Court  
 Address Line 4: New Bern, NORTH CAROLINA 28562

<b>ATTORNEY DOCKET NUMBER:</b>	873113-00039
<b>NAME OF SUBMITTER:</b>	Angela P. Doughty
<b>Signature:</b>	/apd/

Date:

09/29/2008

Total Attachments: 1

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REGISTRANT DECLARATION

MARK: DOCTORS VISION CENTER

U.S. REGISTRATION NO: 2,007,443

REGISTRATION DATE: October 15, 1996

William P. Hollis, being hereby warned that willful false statements, and the like may jeopardize the validity of this document declares that Doctors Vision Center, O.D., P.A. owns the above identified registration ("Registration"), as shown by the records filed in the United States Patent and Trademark Office; that the seven (7) previously recorded documents, Reel/Frame Numbers 1655/0803; 1791/0742; 1792/0195; 1792/0277; 1881/0471; 2128/0730; and 3636/537, were submitted with erroneous information as the Registration has not as of the date of this document been subject to any security interest; that the true chain of title contains no assignments of any nature; that the erroneous security interests do not alter the true chain of title of the Registration; that Doctors Vision Center, O.D., P.A. has been and continues to be the rightful owner of the Registration free and clear of any encumbrances; and that all statements made on knowledge are true and all statements made on information and belief are believed to be true.

DOCTORS VISION CENTER, O.D., P.A.

BY

*William P. Hollis*  
William P. Hollis, President

DATE

*9/15/08*

*Nash*

COUNTY, NORTH CAROLINA

I, *Becky F. Maynard*, a Notary Public in and for said County and State, do hereby certify that William P. Hollis personally came before me this day and acknowledged that he is the President of Doctors Vision Center, O.D., P.A., a professional corporation, and that he, as President being authorized to do so, executed the foregoing on behalf of the corporation.

Date

*9/15/08*

*Becky F. Maynard*  
Signature of Notary Public

(Official Seal)

Becky F. Maynard  
Notary Public  
Nash County, NC  
My Comm. Exp. *8/2/09*

My commission expires:

*August 2, 2009*