

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
On Target Media, LLC		11/13/2007	LIMITED LIABILITY COMPANY: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Healthy Advice Networks, LLC		
<b>Street Address:</b>	8230 Montgomery Road, Suite 300		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45236		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	3291028	HEALTHY ADVICE	
Registration Number:	3291029	TURN WAITING TIME INTO LEARNING TIME	
Registration Number:	3302585	HEALTHY ADVICE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(513)651-6981		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	(513) 651-6800		
<b>Email:</b>	trademarks@fbtlaw.com		
<b>Correspondent Name:</b>	Monica L. Dias - Frost Brown Todd LLC		
<b>Address Line 1:</b>	2200 PNC Center, 201 East Fifth Street		
<b>Address Line 4:</b>	Cincinnati, OHIO 45202		
<b>ATTORNEY DOCKET NUMBER:</b>	65527/544663		
<b>NAME OF SUBMITTER:</b>	Monica L. Dias		

OP \$90.00 3291028

Signature:	/mld/
Date:	10/08/2009
<b>Total Attachments: 8</b> source=Assignment - Healthy Advice#page1.tif source=Assignment - Healthy Advice#page2.tif source=Assignment - Healthy Advice#page3.tif source=Assignment - Healthy Advice#page4.tif source=Assignment - Healthy Advice#page5.tif source=Assignment - Healthy Advice#page6.tif source=Assignment - Healthy Advice#page7.tif source=Assignment - Healthy Advice#page8.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/14/2007	200731800234	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
 ATTN: LISA VAIDO  
 887 SOUTH HIGH STREET  
 COLUMBUS, OH 43206

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jennifer Brunner**

1328741

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**HEALTHY ADVICE NETWORKS, LLC**

and, that said business records show the filing and recording of:

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**200731800234**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 13th day of November,  
 A.D. 2007.

Ohio Secretary of State



Prescribed by: The Ohio Secretary of State, Central Ohio (614) 466-3910, Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select one)
Yes PO Box 1390 Columbus, OH 43216
No PO Box 1328 Columbus, OH 43216

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

CERTIFICATE OF MERGER
(For Domestic or Foreign, Profit or Nonprofit)
Filing Fee \$125.00
(194-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

On Target Media, LLC

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following: Healthy Advice Networks, LLC

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) For-Profit Corporation, charter number
Domestic (Ohio) Nonprofit Corporation, charter number
Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and licensed to transact business in the State of Ohio under license number
Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio.
[X] Domestic (Ohio) Limited Liability Company, with registration number 1328741
Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and registered to do business in the State of Ohio under registration number
Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the State of Ohio.
Domestic (Ohio) Limited Partnership, with registration number
Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of and registered to do business in the state of Ohio under registration number

CLIENT SERVICE CENTER

2007 NOV 13 PM 4:03

SECRETARY OF STATE



VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name) \_\_\_\_\_ (street) NOTE: P.O. Box Addresses are NOT acceptable. \_\_\_\_\_, Ohio

(city, village or township) \_\_\_\_\_ (zip code) \_\_\_\_\_ (This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent \_\_\_\_\_

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided  No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) \_\_\_\_\_ (street) NOTE: P.O. Box Addresses are NOT acceptable. \_\_\_\_\_, Ohio

(city, village or township) \_\_\_\_\_ (zip code) \_\_\_\_\_

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign National/Federally chartered bank, savings bank, or savings and loan association is

\_\_\_\_\_

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c.) The location of the main office (non-Ohio) shall be:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(city, township, or village) (county) Ohio (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:  
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

\_\_\_\_\_  
\_\_\_\_\_

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is

\_\_\_\_\_

(b.) The name under which the limited liability company desires to transact business in Ohio is

\_\_\_\_\_

(c.) The limited liability company was organized or registered on \_\_\_\_\_  
under the laws of the state/country of \_\_\_\_\_

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(street address) NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) (state) (zip code)

**3. Foreign Qualifying Limited Partnership**

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

\_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its state/country of organization is:

(street address) NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

(street address) NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address) NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) (county) (state) (zip code)



The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

(street address) NOTE: P.O. Box Addresses are NOT acceptable. Ohio (city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

(street address) NOTE: P.O. Box Addresses are NOT acceptable. (city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

(name) (street address) NOTE: P.O. Box Addresses are NOT acceptable. Ohio (city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e.) The business which the partnership engages in is:

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

On Target Media, LLC  
(Exact name of entity)

YanaRenna, LLC  
(Exact name of entity)

By: [Signature]  
Its: Vice-President  
Date: 11/13/07

By: [Signature]  
Its: President  
Date: 11/13/07

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

(Exact name of entity)  
By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_