

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
OTOhealth, LLC		01/29/2010	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	Hearing Aid Management Systems, Inc.		
Street Address:	9 North 18th St.		
City:	Fort Dodge		
State/Country:	IOWA		
Postal Code:	50501		
Entity Type:	CORPORATION: IOWA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3003313	OTOHEALTH	
CORRESPONDENCE DATA			
Fax Number:	(515)243-0654		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	515-288-2500		
Email:	pattylaw@davisbrownlaw.com		
Correspondent Name:	Emily E. Harris		
Address Line 1:	215 10th Street, Suite 1300		
Address Line 4:	Des Moines, IOWA 50309		
NAME OF SUBMITTER:	Emily Harris		
Signature:	/emilyharris/		
Date:	02/23/2010		

OP \$40.00 3003313

Total Attachments: 1

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**TRADEMARK
 REEL: 004154 FRAME: 0394**

ASSIGNMENT OF TRADEMARK

WHEREAS, OTOhealth, LLC, a Delaware limited liability company, having its principal offices at 38-03 31st Avenue, Astoria, New York 11103, is the owner of the following trademark now registered with the United States Patent and Trademark Office:

<u>Trademark</u>	<u>Registration No.</u>	<u>Registration Date</u>
OTOHEALTH	3,003,313	10/4/2005

WHEREAS, Hearing Aid Management Systems, Inc. an Iowa corporation having its principal office at 9 North 18th St., Fort Dodge, Iowa 50501, is desirous of acquiring this registered trademark,

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, OTOhealth, LLC, hereby assigns to Hearing Aid Management Systems, Inc., all right, title and interest in and to said trademark registration, together with the goodwill of the business symbolized by said trademark and any registration thereof.

Signed this 29th day of January, 2010.

OTOHEALTH, LLC

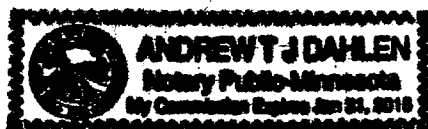
By [Signature]
 Name: JOHN E. KENUL
 Title: DESIGNER - OWNER

STATE OF Minnesota)
) SS.
 COUNTY OF Hennepin)

Before me personally appeared John E. Kenul, to me known to be the person described in the foregoing affidavit, who signed the said affidavit in my presence and made oath before me to the allegations set forth therein on this 29th day of January, 2010

[Signature]
 Notary Public In and for the State of Minnesota
 County of: Hennepin

My commission expires: 1-31-2015



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