

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                   |  |                                    |                       |
|-----------------------------------|--|------------------------------------|-----------------------|
| SUBMISSION TYPE:                  | NEW ASSIGNMENT   |                                    |                       |
| NATURE OF CONVEYANCE:             | ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL   |                                    |                       |
| <b>CONVEYING PARTY DATA</b>       |  |                                    |                       |
| <b>Name</b>                       | <b>Formerly</b>  | <b>Execution Date</b>              | <b>Entity Type</b>    |
| NeuroRestorative Associates, Inc. |  | 02/22/2010                         | CORPORATION: ARKANSAS |
| <b>RECEIVING PARTY DATA</b>       |  |                                    |                       |
| <b>Name:</b>                      | Mentor ABI, LLC  |                                    |                       |
| <b>Street Address:</b>            | 313 Congress Street  |                                    |                       |
| <b>City:</b>                      | Boston   |                                    |                       |
| <b>State/Country:</b>             | MASSACHUSETTS  |                                    |                       |
| <b>Postal Code:</b>               | 02109  |                                    |                       |
| <b>Entity Type:</b>               | LIMITED LIABILITY COMPANY: DELAWARE  |                                    |                       |
| <b>PROPERTY NUMBERS Total: 1</b>  |  |                                    |                       |
| <b>Property Type</b>              | <b>Number</b>  | <b>Word Mark</b>                   |                       |
| Registration Number:              | 3148131  | NEURORESTORATIVE SPECIALTY CENTERS |                       |
| <b>CORRESPONDENCE DATA</b>        |  |                                    |                       |
| Fax Number:                       | (617)951-8736  |                                    |                       |
|                                   | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                                    |                       |
| Phone:                            | 617-951-8000   |                                    |                       |
| Email:                            | eileen.sullivan@bingham.com  |                                    |                       |
| Correspondent Name:               | Eileen Sullivan  |                                    |                       |
| Address Line 1:                   | Bingham McCutchen LLP  |                                    |                       |
| Address Line 2:                   | One Federal Street   |                                    |                       |
| Address Line 4:                   | Boston, MASSACHUSETTS 02110  |                                    |                       |
| ATTORNEY DOCKET NUMBER:           | NATIO-008  |                                    |                       |
| NAME OF SUBMITTER:                | Eileen Sullivan  |                                    |                       |
| Signature:                        | /eileen sullivan/  |                                    |                       |
| Date:                             | 02/25/2010   |                                    |                       |

OP \$40.00 3148131

Total Attachments: 4

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## **TRADEMARK ASSIGNMENT**

**THIS TRADEMARK ASSIGNMENT** ("Assignment"), is entered into by and between NeuroRestorative Associates, Inc., a corporation organized and existing under the laws of the State of Arkansas, having an address of 313 Congress Street, Boston, Massachusetts 02210 ("Assignor"), and Mentor ABI, LLC, a limited liability company organized and existing under the laws of the state of Delaware, having an address of 313 Congress Street, Boston, Massachusetts 02109 ("Assignee"), and is effective as of February 22, 2010 ("Effective Date").

**WHEREAS**, Assignor has adopted, is using and is the owner of all right, title, interest, and goodwill in and to the service mark and the registration thereof identified in the attached Schedule A (the "Mark").

**WHEREAS**, Assignee is desirous of acquiring the Mark and the registration thereof;

**NOW, THEREFORE**, Assignor does hereby assign, sell and transfer unto Assignee for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, all right, title and interest in and to the Mark and the registration thereof, together with the goodwill of the business symbolized by the Mark, and the right to sue and recover for any past, present or future infringements or dilution thereof or any other damage or injury to the Mark, the registration thereof or such associated goodwill, and all benefit of the Mark and such registration and associated goodwill. Assignor does further consent to the recordation of this Assignment with any governmental agency.

Assignor agrees, without further consideration, to execute all oaths, assignments, powers of attorney, applications, and other papers necessary or desirable to fully secure to Assignee the right, title and interest conveyed herein, and to take such further actions as may be reasonably requested by Assignee in order to carry out the provisions and purposes of this Assignment including, without limitation, to execute one or more further assignments with respect to the Mark in a form acceptable for recordation in both the United States Patent and Trademark Office and in foreign trademark offices.

*[Remainder of Page Intentionally Left Blank]*

NeuroRestorative Associates, Inc.  
"Assignor"

By: D-ULLA  
Name: DENIS H. HOLLER  
Title: CEO

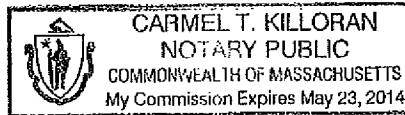
STATE OF MA  
COUNTY OF Suffolk

The foregoing instrument was acknowledged before me this 27 day of Feb., 2010 by Dennis Holler of NeuroRestorative Associates, Inc., an Arkansas corporation, on behalf of the corporation. She/he is personally known to me.

Carmel T. Killoran  
(Signature of Notary)  
Carmel T. Killoran  
(Name typed, printed or stamped)

My Commission Expires: 5/23/14

\*\*\*\*\*Notary Seal\*\*\*\*\*



The foregoing assignment is hereby accepted as of the 22<sup>nd</sup> day of February, 2010.

Mentor ABI, LLC  
"Assignee"

By: [Signature]  
Name: Denise M. Holter  
Title: CFO

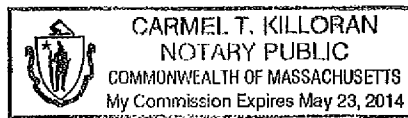
STATE OF MA  
COUNTY OF Suffolk

The foregoing instrument was acknowledged before me this 22 day of Feb., 2010 by Denise M. Holter of Mentor ABI, LLC, a Delaware limited liability company, on behalf of the company. She/he is personally known to me.

[Signature]  
(Signature of Notary)  
Carmel T. Killoran  
(Name typed, printed or stamped)

My Commission Expires: 5/23/14

\*\*\*\*\*Notary Seal\*\*\*\*\*



**SCHEDULE A**

**SERVICE MARKS**

| <b><u>MARK</u></b>                    | <b><u>COUNTRY</u></b> | <b><u>REG. NO.</u></b> | <b><u>REG. DATE</u></b> |
|---------------------------------------|-----------------------|------------------------|-------------------------|
| NeuroRestorative Specialty<br>Centers | United States         | 3148131                | 09/26/2006              |