

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Advantage RN, Inc.		05/12/2010	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Advantage RN, LLC		
Street Address:	8892 Beckett Road		
City:	West Chester		
State/Country:	OHIO		
Postal Code:	45069		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3108820	ADVANTAGE RN	
CORRESPONDENCE DATA			
Fax Number:	(937)223-8711		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(937) 223-8177		
Email:	herbert@coollaw.com		
Correspondent Name:	J. Stephen Herbert		
Address Line 1:	33 W. First Street		
Address Line 2:	Suite 600		
Address Line 4:	Dayton, OHIO 45402-1289		
ATTORNEY DOCKET NUMBER:	009616-720		
NAME OF SUBMITTER:	J. Stephen Herbert		
Signature:	/J. Stephen Herbert/		
Date:	05/12/2010		

OP \$40.00 3108820

Total Attachments: 4

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/29/2003	200321002282	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	125.00	100.00	.00	.00	.00

Receipt

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

CHERNESKY HEYMAN & KRESS P.L.L.
 10 COURTHOUSE PLAZA SW, STE. 1100
 ATTN:KIMBERLY MADER-ELROD
 DAYTON, OH 45402

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1402195

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

ADVANTAGE RN, LLC

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

Document(s)

ARTICLES OF ORGANIZATION/DOM. LLC

Document No(s).

200321002282



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 29th day of July, A.D.
 2003.

J. Kenneth Blackwell
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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

Expedite this Form: (Select One)

Mail Form to one of the following:

PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

No PO Box 670
Columbus, OH 43216

**ORGANIZATION / REGISTRATION OF
LIMITED LIABILITY COMPANY**
(Domestic or Foreign)
Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705</p>	<p>(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705</p> <p>(Date of Formation) _____ (State) _____</p>
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Complete the general information in this section for the box checked above.

Name Advantage RN, LLC

Check here if additional provisions are attached

* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

This limited liability company shall exist for _____ (Optional) (Period of existence)

Purpose (Optional) _____

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional) _____
(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

(City) _____ (State) _____ (Zip Code) _____

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

 (Name)

 (Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

 (City) (State) (Zip Code)

The name under which the foreign limited liability company desires to transact business in Ohio is

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

 (Name)

 (Street) *NOTE: P.O. Box Addresses are NOT acceptable.*


 (City) Ohio (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed) by an authorized representative (See Instructions)

 July 28, 2003
 Authorized Representative Date

Bradley W. Evers

(Print Name)

Authorized Representative Date

(Print Name)

Complete the information in this section if box (1) is checked Cont.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Advantage RN, LLC (name of limited liability company)

hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is:

Bradley W. Evers (Name of Agent)

1100 Courthouse Plaza SW (Street) NOTE: P.O. Box Addresses are NOT acceptable.

Dayton Ohio 45402 (City) (State) (Zip Code)

Must be authenticated by an authorized representative

Bradley W. Evers (Signature)

July 28, 2003 Date

Authorized Representative Bradley W. Evers

Authorized Representative

Date

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Advantage RN, LLC (name of limited liability company)

hereby acknowledges and accepts the appointment of agent for said limited liability Company.

Bradley W. Evers (Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT