

06/01/2011

07/25/2011



103626110

103629582

To the Director of the U. S. Patent and Trademark Office, Please record the attached documents or the new address(es) below:

1. Name of conveying party(ies):

MBC and Associates, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Tennessee
- Other \_\_\_\_\_
- Association
- Limited Partnership

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) May 20, 2011

- Assignment
- Security Agreement
- Other Termination of Assign. of Trademark
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?

- Yes
- No

Name: Regions Bank - Collateral Management

Internal

Address: P.O. Box 12926

Street Address: \_\_\_\_\_

City: Birmingham

State: Alabama

Country: USA Zip: 35202

Association Citizenship \_\_\_\_\_

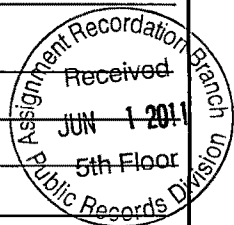
General Partnership Citizenship \_\_\_\_\_

Limited Partnership Citizenship \_\_\_\_\_

Corporation Citizenship TN

Other \_\_\_\_\_ Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)



4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1844651

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

HEALTHBREAK

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: David B. Gray

Internal Address: 1230 Regions Center

Street Address: 315 Deaderick Street

City: Nashville

State: Tennessee Zip: 37238

Phone Number: 615-254-4444

Fax Number: 615-254-4445

Email Address: dgray@hixgray.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

06/01/2011 ANULLINS 00000007 1844651

01 FC:0521

40.00 OP

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature: David B. Gray

Signature

May 27, 2011

Date

DAVID B. GRAY

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

06/01/11

Recording Requested by:

Regions Financial Corporation  
When Recorded Return To:  
Regions Bank  
Collateral Management  
P O Box 12926  
Birmingham, AL 35202

### TERMINATION AND RELEASE

Regions Bank is the lawful owner and holder of the indebtedness secured by that Collateral Assignment of Trademark from MBC & Associates, Inc, to Regions Bank, and filed of record on December 11, 2001, in Reel 2407; Frame 0845, in the Assignment Division of the U. S. Patent and Trademark Office in Alexandria, Virginia. Said indebtedness has been paid in full, and Regions Bank hereby terminates and fully releases the said Collateral Assignment of Trademark.

DATED the 20<sup>th</sup> day of May, 2011.

**REGIONS BANK**

By: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF ALABAMA  
COUNTY OF JEFFERSON

I, Kimberly Lee Grapell, a Notary Public, in and for said County and State, do hereby certify that, Dary White, the Vice President of Regions Bank, who is signed to the foregoing document and who is known to me, sworn to (or affirmed) and subscribed before me on this day, that being informed of the contents of said instrument, he/she as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

WITNESS my hand and official seal this 20<sup>th</sup> day of May, 2011

Kimberly Lee Grapell  
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

**TRADEMARK**  
**REEL: 004593 FRAME: 0738**

07/01/2011



103628204

Assignment Recordation  
Received  
JUL 1 - 2011  
5th Floor  
Public Records Division

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

RE SHEET ONLY

Document ID. NO.  
103626110

To the Director of the U. S. I

attached documents or the new address(es) below.

1. Name of conveying party(ies):

MBC and Associates, Inc.

- Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation- State: Tennessee  
 Other \_\_\_\_\_

Citizenship (see guidelines) USA: / Tennessee

Additional names of conveying parties attached?  Yes  No

3. Nature of conveyance / Execution Date(s) :

Execution Date(s) 5/20/11

- Assignment       Merger  
 Security Agreement       Change of Name  
 Other Termination of Assign. of Trademark

2. Name and address of receiving party(ies):

Additional names, addresses, or citizenship attached?  Yes  No

Name: Regions Bank - Collateral Management

Internal

Address: P. O. Box 12926

Street Address: \_\_\_\_\_

City: Birmingham

State: Alabama

Country: USA Zip: 35202

- Association      Citizenship \_\_\_\_\_  
 General Partnership      Citizenship \_\_\_\_\_  
 Limited Partnership      Citizenship \_\_\_\_\_  
 Corporation      Citizenship USA Tennessee  
 Other \_\_\_\_\_      Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1844651

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

HEALTHBREAK

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: David B. Gray

Internal Address: 1230 Regions Center

Street Address: 315 Deaderick Street

City: Nashville

State: Tennessee Zip: 37238

Phone Number: 615-254-4444

Fax Number: 615-254-4445

Email Address: dgray@hixgray.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged to deposit account  
 Enclosed

8. Payment Information:

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

9. Signature:

David B. Gray  
Signature

June 27, 2011

Date

DAVID B. GRAY

Name of Person Signing

Total number of pages including cover sheet, attachments, and document:  2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

Recording Requested by:

Regions Financial Corporation  
When Recorded Return To:  
Regions Bank  
Collateral Management  
P O Box 12926  
Birmingham, AL 35202

### TERMINATNATION AND RELEASE

Regions Bank is the lawful owner and holder of the indebtedness secured by that Collateral Assignment of Trademark from MBC & Associates, Inc, to Regions Bank, and filed of record on December 11, 2001, in Reel 2407, Frame 0845, in the Assignment Division of the U. S. Patent and Trademark Office in Alexandria, Virginia. Said indebtedness has been paid in full, and Regions Bank hereby terminates and fully releases the said Collateral Assignment of Trademark.

DATED the 20<sup>th</sup> day of May, 2011.

**REGIONS BANK**

By: *Greg White*  
Title: VP

STATE OF ALABAMA  
COUNTY OF JEFFERSON

I, Kimberly Lee Craft, a Notary Public, in and for said County and State, do hereby certify that, Greg White, the Vice President of Regions Bank, who is signed to the foregoing document and who is known to me, sworn to (or affirmed) and subscribed before me on this day, that being informed of the contents of said instrument, he/she as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

WITNESS my hand and official seal this 20<sup>th</sup> day of May, 2011

*Kimberly Lee Craft*  
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen