

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MDC Acquisition Co., LLC		09/16/2010	LIMITED LIABILITY COMPANY: OHIO

**RECEIVING PARTY DATA**

<b>Name:</b>	WBC Group, LLC
<b>Street Address:</b>	6333 Hudson Crossing Parkway
<b>City:</b>	Hudson
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	44236
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO

**PROPERTY NUMBERS Total: 8**

Property Type	Number	Word Mark
Serial Number:	73106673	D.A.G.
Serial Number:	74456101	FITNESS WHOLESAL
Serial Number:	77810203	FITNESS WHOLESAL
Serial Number:	75538064	CHALLENGE P.R.O.
Serial Number:	78510682	M MILLIKEN MEDICAL
Serial Number:	76457671	MILLIKEN MEDICAL
Serial Number:	77673811	MILLIKEN MEDICAL
Serial Number:	78510652	MEYER DISTRIBUTING COMPANY

**CORRESPONDENCE DATA**

Fax Number: (216)579-6073  
 Phone: 216.579.1700  
 Email: cgaffney@pearne.com

*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.*

**900201821**

**TRADEMARK  
 REEL: 004621 FRAME: 0194**

**CH \$215.00 73106673**

Correspondent Name: Michael W. Garvey  
Address Line 1: 1801 East 9th Street  
Address Line 2: Suite 1200  
Address Line 4: Cleveland, OHIO 44114-3108

ATTORNEY DOCKET NUMBER:	MDC J4045
NAME OF SUBMITTER:	Michael W. Garvey
Signature:	/michaelwgarvey/
Date:	09/12/2011

Total Attachments: 3  
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source=OSOS WBC Group LLC 09162010#page2.tif  
source=OSOS WBC Group LLC 09162010#page3.tif



DATE: 09/21/2010	DOCUMENT ID 201026400084	DESCRIPTION AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY	CERT .00	COPY .00
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**Receipt**

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

WALTER & HAVERFIELD LLP  
1301 E. NINTH ST. STE 3500  
ATTN: REGINALD JORDAN  
CLEVELAND, OH 44114

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jennifer Brunner**

**980052**

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

**WBC GROUP, LLC**

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

Document(s)  
**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):  
**201026400084**



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 16th day of September,  
A.D. 2010.

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)

<b>Expedite this Form: (Select One)</b>	
<b>Mall Form to one of the Following:</b>	
<input type="radio"/> Expedite	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> Non Expedite	PO Box 1329 Columbus, OH 43216

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

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <p>_____ 29-May-97 _____ Date of Formation</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <p>_____ _____ Date of Formation</p>
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RECEIVED  
2010 SEP 16 PM 1:03  
SECRETARY OF STATE  
CLEVELAND REGIONAL OFF.

The undersigned authorized representative of:

\_\_\_\_\_ MDC Acquisition Co., LLC \_\_\_\_\_ 980052 \_\_\_\_\_  
Name of limited liability company Registration number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

\_\_\_\_\_ WBC Group, LLC \_\_\_\_\_  
Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: \_\_\_\_\_  
Period of Existence

Purpose  
\_\_\_\_\_  
\_\_\_\_\_

Check here if additional provisions are attached

**REQUIRED**  
Must be **(signed)** by a  
member, manager or  
other representative.

W. Clifford Mull  
Signature

9/14/10  
Date

W. Clifford Mull, Esq., Authorized Representative  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name