

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Monte Nido Residential Center, Inc.	FORMERLY The Monte Nido Treatment Center	12/06/2012	CORPORATION: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Monte Nido Residential Center, LLC		
<b>Street Address:</b>	27162 Sea Vista Drive		
<b>City:</b>	Malibu		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	90265		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2612460	MONTE NIDO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2134432892		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	(213) 620-1780		
<b>Email:</b>	shwang@sheppardmullin.com		
<b>Correspondent Name:</b>	Susan Hwang		
<b>Address Line 1:</b>	333 South Hope Street, 43rd Floor		
<b>Address Line 4:</b>	Los Angeles, CALIFORNIA 90071		
<b>ATTORNEY DOCKET NUMBER:</b>	09XV-154949		
<b>NAME OF SUBMITTER:</b>	Susan Hwang		
<b>Signature:</b>	/Susan Hwang/		

CH \$40.00 2612460

Date:

12/18/2012

Total Attachments: 2

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**State of California  
Secretary of State**

**Limited Liability Company  
Articles of Organization - Conversion**

LLC-1A File #

201234210056

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

DEC 06 2012

01158023

**IMPORTANT — Read all instructions before completing this form.**

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**Converted Entity Information**

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

MONTE NIDO RESIDENTIAL CENTER, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

ONE MANAGER       MORE THAN ONE MANAGER       ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE      CITY      STATE      ZIP CODE  
27162 Sea Vista Drive      Malibu      CA      90265

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in Item 6.)

BEYERS COSTIN

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA      CITY      STATE      ZIP CODE  
200 Fourth Street, Suite 400      Santa Rosa      CA      95402

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS      CITY      STATE      ZIP CODE

THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

**Converting Entity Information**

8. NAME OF CONVERTING ENTITY

MONTE NIDO RESIDENTIAL CENTER, INC.

9. FORM OF ENTITY      10. JURISDICTION      11. CA SECRETARY OF STATE FILE NUMBER, IF ANY  
Corporation      California      C1772021

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

10,000 Shares of Common Stock      51%

**Additional Information**

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

December 6, 2012

DATE

SIGNATURE OF AUTHORIZED PERSON

Bruce Martin, President, CFO and Secretary  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

0120053



I hereby certify that the foregoing transcript of \_\_\_\_\_ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

DEC 07 2012

Date: \_\_\_\_\_ PS

*Debra Bowen*  
DEBRA BOWEN, Secretary of State