

12/16/2013



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Form PTO-1594 (Rev. 12-11)  
OMB No. 0651-0027 (exp. 04/30/20)

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

RECORDATION FORM COVER SHEET  
**TRADEMARKS ONLY**

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):**

SIGNATURE HEALTHCARE, LLC

- Individual(s)
  - Partnership
  - Corporation-State: \_\_\_\_\_
  - Other Limited Liability Company Delaware
- Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: SILVER ANGELS, LLC

Street Address: 12201 Bluegrass Parkway

City: Louisville

State: Kentucky

Country: USA Zip: 40299

- Individual(s) Citizenship \_\_\_\_\_
- Association Citizenship \_\_\_\_\_
- Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship \_\_\_\_\_

Other Limited Liability Company, Delaware

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)

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

Execution Date(s) December 3, 2013

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

**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)  
4,197,355

Additional sheet(s) attached?  Yes  No

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

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

Name: David Carrithers, Carrithers Law Office PLLC

Internal Address: \_\_\_\_\_

Street Address: 120 W. Stephen Foster Avenue

Suite 101

City: Bardstown

State: Kentucky Zip: 40004

Phone Number: 502 452 1233

Docket Number: AN160/2010.TM10

Email Address: carritherslaw@yahoo.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 500642

Authorized User Name David W. Carrithers

**9. Signature:**

David Carrithers  
Signature

December 3, 2013  
Date

David Carrithers  
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

**TRADEMARK ASSIGNMENT**

This assignment ("Assignment") is from SIGNATURE HEALTHCARE, LLC, a Delaware company, with an address at 12201 Bluegrass Parkway, Louisville, Kentucky 40299 ("ASSIGNOR") to SILVER ANGELS, LLC, a Delaware company, with a business address at 12201 Bluegrass Parkway, Louisville, Kentucky 40299 ("ASSIGNEE");

WHEREAS, ASSIGNOR has a registered trademark Reg. No. 4,197,355 for a certain trademark(s) ("the Marks") SILVER ANGELS, S.N. 85/469,050 filed 11/10/2011, together with the goodwill of the business symbolized thereby in connection with the goods on which the Marks are used ("the Products"); and

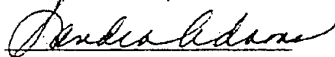
WHEREAS, ASSIGNOR desires to convey, transfer, assign, deliver, and contribute to ASSIGNEE all of its right, title, and interest in and to the Marks (the "Marks").

NOW, THEREFORE, in consideration of the payment of \$1.00 and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, ASSIGNOR hereby conveys, transfers, assigns, delivers, and contributes to ASSIGNEE all of ASSIGNOR'S right, title, and interest of whatever kind in and to the Marks, together with (1) the goodwill of the business relating to the Products in respect upon which the Marks are used and for which they are registered; (2) all income, royalties, and damages hereafter due or payable to ASSIGNOR with respect to the Marks, including without limitation, damages, and payments for past or future infringements and misappropriation of the Marks; and (3) all rights to sue for past, present, and future infringements or misappropriations of the Marks.

ASSIGNOR further covenants that it will execute all documents, papers, forms, and authorizations and take all other actions that may be necessary for securing, completing, or vesting in ASSIGNEE full right, title, and interest in the Marks.

IN WITNESS WHEREOF, ASSIGNOR has duly executed under seal and delivered this Assignment, as of the day and year first above written.

SIGNATURE HEALTHCARE, LLC  
Sandra Adams, Vice President and General Counsel

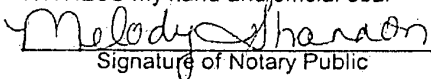


**ACKNOWLEDGMENT**

State of Kentucky }  
County of Jefferson }

On Dec. 3, 2013 before me, Melody Shannon Notary Public, personally appeared Sandra Adams,  personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

  
Signature of Notary Public

**MELODY SHANNON**  
Notary Public-State at Large  
Kentucky - Notary ID#495423  
My Commission Expires August 20, 2017