

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM308103

| | | | |
|---|--|-----------------------|------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Shape Medical Holdings LLC | | 06/19/2014 | LIMITED LIABILITY COMPANY: GEORGIA |
| RECEIVING PARTY DATA | | | |
| Name: | Shape Medical Weight Loss Center LLC | | |
| Doing Business As: | ShapeMed | | |
| Street Address: | 4920 ROSWELL RD SUITE 36 | | |
| City: | ATLANTA | | |
| State/Country: | GEORGIA | | |
| Postal Code: | 30342 | | |
| Entity Type: | LIMITED LIABILITY COMPANY: GEORGIA | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 4537158 | SHAPE WELLNESS CENTER | |
| Registration Number: | 4537159 | SHAPE MEDICAL | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 4043030321 | | |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> | | | |
| Phone: | 5044515665 | | |
| Email: | mark@shapemed.com | | |
| Correspondent Name: | MARK MCKENNA | | |
| Address Line 1: | 4920 ROSWELL RD SUITE 36 | | |
| Address Line 4: | ATLANTA, GEORGIA 30342 | | |
| NAME OF SUBMITTER: | Stanton Mark McKenna | | |
| SIGNATURE: | /SMM/ | | |
| DATE SIGNED: | 06/19/2014 | | |
| Total Attachments: 1 | | | |
| source=june 19 scan#page1.tif | | | |

OP \$65.00 4537158

