

04/17/2015

Form PTO-1694 (Rev. 12-11)
OMS No. 0651-0027 (exp. 04/30/2015)

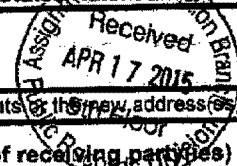
U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office



4-17-15

RE:
T

103671948



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

1. Name of conveying party(ies):

SIGNATURE HEALTHCARE, LLC

- Individual(s)
- Partnership
- Corporation-State: _____
- Other Limited Liability Company

Citizenship (see guidelines) Delaware

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: INTERACTIVE HEALTH NETWORK, LLC

Street Address: 2849 Paces Ferry Road, Suite 340

City: Atlanta

State: Georgia

Country: _____ Zip: 30339

- 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) 3/30/15

- 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)
86/548,567

B. Trademark Registration No.(s) ~~0000000-0000000~~

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 W. Carrithers
Internal Address: Carrithers Law Office, PLLC

Street Address: 120 W. Stephen Foster Ave., Suite 101

City: Bardstown
State: Kentucky Zip: 40004

Phone Number: 502-452-1233

Docket Number: AN160/2010.44

Email Address: _____

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 86/2010/1118801-00000000

Authorized User Name David W. Carrithers

April 13, 2015

Date

9. Signature:

Signature

David W. Carrithers

Name of Person Signing

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

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

3

TRADEMARK ASSIGNMENT

This assignment ("Assignment") is from SIGNATURE HEALTHCARE, LLC, a Delaware corporation with an address at 12201 Bluegrass Parkway, Louisville, Kentucky 40299 ("ASSIGNOR") to INTERACTIVE HEALTH NETWORK, LLC, a Delaware corporation with a business address at 2849 Paces Ferry Road, Suite 340, Atlanta, Georgia 30339 ("ASSIGNEE");

WHEREAS, ASSIGNOR has filed an application for a certain trademark(s) ("the Marks") **WOUND SENSE**, 86/548,567 filed 2/27/2015, 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

Sandra Adams

ACKNOWLEDGMENT

State of Kentucky
County of Jefferson

on March 3, 2015, 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

Melody Shannon
Signature of Notary Public

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