

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM412342

| | | | |
|---|--|-----------------------|----------------------|
| SUBMISSION TYPE: | CORRECTIVE ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Corrective Assignment to correct the name of the Assignee from Sierra Healthstyles, L.L.C. previously recorded on Reel 002526 Frame 0947. Assignor(s) hereby confirms the name of the Assignee should be properly identified as Sierra Healthstyles LLC. | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Sierra Healthstyles, Inc. | | 06/05/2002 | Corporation: ARIZONA |
| RECEIVING PARTY DATA | | | |
| Name: | Sierra Healthstyles LLC | | |
| Street Address: | 5000 East Via Estancia Miraval | | |
| City: | Tucson | | |
| State/Country: | ARIZONA | | |
| Postal Code: | 85739 | | |
| Entity Type: | Limited Liability Company: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2291498 | BODYMINDFULNESS | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 3032230942 | | |
| <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: | 3032231142 | | |
| Email: | eholmes@bhfs.com | | |
| Correspondent Name: | Emily C. Holmes | | |
| Address Line 1: | 410 Seventeenth Street, Suite 2200 | | |
| Address Line 4: | Denver, COLORADO 80202 | | |
| ATTORNEY DOCKET NUMBER: | 017757.0029 | | |
| NAME OF SUBMITTER: | Emily C. Holmes | | |
| SIGNATURE: | /emilyholmes/ | | |
| DATE SIGNED: | 01/13/2017 | | |
| Total Attachments: 3 | | | |
| source=Original BODYMINDFULNESS Assignment#page1.tif | | | |
| source=Original BODYMINDFULNESS Assignment#page2.tif | | | |
| source=Delaware SOS- Sierra Healthstyles LLC#page1.tif | | | |

CH \$40.00 2291498

06-18-2002

FORM PTO-1594 (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94)

REC



U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Tab settings =>=>=>

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To the Honorable Commissioner of Patents and Trademarks, please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
 Sierra HealthStyles, Inc. 6-6-02

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-Arizona
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
 Name: Sierra HealthStyles, L.L.C.
 Internal Address: _____
 Street Address: 5000 East Via Estancia Miraval
 City: Tucson State: AZ ZIP: 85739

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Delaware Limited Liability Company

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)
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: June 5, 2002

4. Application number(s) or patent number(s):
 A. Trademark Application No.(s)

B. Trademark Registration N
2291498

06-06-2002
 U.S. Patent & TMO/TM Mail RptDt. #70

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Diane Madenci
 Internal Address: Brown and Bain, P.A.

 Street Address: One South Church, 19th Floor

 City: Tucson State: AZ ZIP: 85701

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41)..... \$40.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:

 (Attach duplicate copy of this page if paying by deposit account)

06/17/2002 DBYRNE 00000033 2291498
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9. Statement and signature.
 To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

for Diane Madenci
 Name of Person Signing

[Signature]
 Signature

6/6/02
 Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patents & Trademarks, Box Assignments
 Washington, D.C. 20231

TRADEMARK
 REEL: 002526 FRAME: 0947
 TRADEMARK
 REEL: 005979 FRAME: 0506

ASSIGNMENT OF SERVICEMARK

WHEREAS, Sierra Healthstyles, Inc., d/b/a Miraval ("Assignor"), an Arizona corporation, currently residing at 16500 North Lago del Oro Parkway, Tucson, Arizona 85739, is the owner of the United States Servicemark Registration Number 2291498 for the mark BODYMINDFULNESS (hereinafter collectively referred to as "Mark and Registration"); and

WHEREAS, Sierra HealthStyles, L.L.C., a Delaware limited liability company currently residing at 5000 East Via Estancia Miraval, Tucson, Arizona 85739 ("Assignee"), is desirous of acquiring Assignor's interest in and to the Mark and the Registration;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Assignor has assigned and does hereby assign unto Assignee all right, title and interest in and to the Mark and Registration, together with the goodwill of the business symbolized by the Mark and Registration.

ASSIGNOR:

Bertha B. Kenny

Bertha B. Kenny
Corporate Secretary
Sierra Healthstyles, Inc.

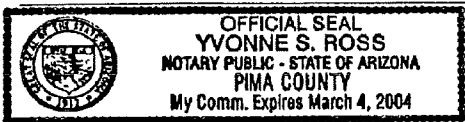
STATE OF ARIZONA)
) ss.
County of Pima)

The foregoing instrument was acknowledged before me this 5th day of June, 2002, by Bertha B. Kenny, Corporate Secretary of NextHealth, Inc.

Yvonne S. Ross

Notary Public

My commission expires:



Department of State: Division of Corporations

Allowable Characters

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

| | | |
|---------------------|----------------------------------|---|
| File Number: | 3500117 | <u>Incorporation Date /</u> 3/7/2002 |
| | | <u>Formation Date:</u> (mm/dd/yyyy) |
| Entity Name: | SIERRA HEALTHSTYLES LLC | |
| Entity Kind: | Limited Liability Company | <u>Entity Type:</u> General |
| Residency: | Domestic | State: DELAWARE |

REGISTERED AGENT INFORMATION

| | | |
|-----------------|--------------------------------------|---------------------------|
| Name: | CORPORATION SERVICE COMPANY | |
| Address: | 2711 CENTERVILLE RD SUITE 400 | |
| City: | WILMINGTON | County: New Castle |
| State: | DE | Postal Code: 19808 |
| Phone: | 302-636-5401 | |

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

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