

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM427256

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL
RESUBMIT DOCUMENT ID:	900400995

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
ESTATE OF KEITH L. DAVIS, MD		04/03/2016	Corporation: GEORGIA

RECEIVING PARTY DATA

Name:	Lori Davis
Street Address:	2644 Henry Street
City:	Augusta
State/Country:	GEORGIA
Postal Code:	30904
Entity Type:	INDIVIDUAL: UNITED STATES

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	3770027	VEIN CARE PAVILION
Registration Number:	3106750	VEIN CARE PAVILION OF THE SOUTH
Registration Number:	3553464	REAL TALK
Registration Number:	3553469	REAL TALK
Registration Number:	3546748	REAL TALK
Registration Number:	4282390	PSP
Registration Number:	3300757	PLASTIC SURGERY PAVILION OF THE SOUTH
Registration Number:	3819885	TOTAL VEIN CARE

CORRESPONDENCE DATA

Fax Number: 7068635885

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.

Phone: 7068632255

Email: clp@klosinski.com

Correspondent Name: Courtney L. Patrick

Address Line 1: 1229 Augusta West Parkway

Address Line 4: Augusta, GEORGIA 30909

NAME OF SUBMITTER:	Courtney L. Patrick
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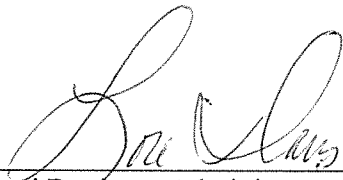
SIGNATURE:	/courtney l patrick/
DATE SIGNED:	05/11/2017
Total Attachments: 3 source=Trademark Assignment 3#page1.tif source=Trademark Assignment 3#page2.tif source=Trademark Assignment 3#page3.tif	

ASSIGNMENT OF TRADEMARK

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the ESTATE OF KEITH L. DAVIS, M.D. ("Assignor"), hereby assigns and transfers to LORI DAVIS, her successor(s) and assigns (collectively, the "Assignee"), absolutely and forever, all of Assignor's right, title and interest in and to all trademarks or intellectual property rights, and any registration, renewal or extension thereof, owned or claimed by Assignor throughout the world for the trademarks set forth on the attached Exhibit 1 (the "Marks"), including the right to register or renew the Marks, together with the goodwill of the business in connection with which the Marks have been used with all causes of action for any and all previously occurring infringements of the rights being assigned and the right to receive and retain the proceeds relating to any such infringement.

This assignment is based upon the Last Will and Testament of Keith L. Davis, M.D. dated September 1, 2005 ("Will") which left all property of every nature and kind to Assignee. Said Will was offered for probate in the Probate Court of Columbia County, Georgia (Estate No. 2010-0041). On or about October 1, 2010, Letters of Administration were issued by the Probate Court of Columbia County, Georgia naming the undersigned as Administrator of the Estate of Keith L. Davis, M.D. and all actions taken herein are pursuant to the power and authority as Administrator of the Estate of Keith L. Davis, M.D.

IN WITNESS WHEREOF, Assignor has caused this Assignment to be duly executed and delivered this 3 day of April, 2017.



Lori Davis, as Administrator of
the Estate of Keith L. Davis, MD,

Personally appeared before me, this ____ day of _____, 2017, Lori Davis, to me known to be the person who executed this Assignment as the Administrator of the Estate of Keith L. Davis, M.D., and who acknowledge the same to be a free act and deed and who declared before execution thereof that she fully understood it and voluntarily executed it in her official and representative capacity in reliance upon the authority vested in her.

Notary Public
My Commission Expires:

see attached

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Santa Barbara)

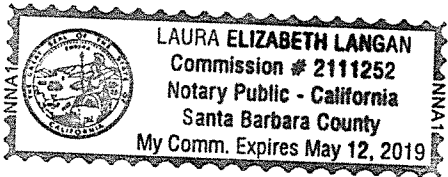
On April 3, 2017 before me, Laura Elizabeth Langan Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Lori Davis
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Laura Langan
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Assignment of Trademark Document Date: April 3, 2017
Number of Pages: 1 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

EXHIBIT 1

1. VEIN CARE PAVILION (REG. NO. 3770027)
2. VEIN CARE PAVILION OF THE SOUTH (REG. NO. 3106750)
3. REAL TALK (REG. NO. 3553464)
4. REAL TALK (REG. NO. 3553469)
5. REAL TALK (REG. NO. 3546748)
6. PSP (REG. NO. 4282390)
7. PLASTIC SURGERY PAVILION OF THE SOUTH (REG. NO. 3300757)
8. TOTAL VEIN CARE (REG. NO. 3819885)