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U.S. Department of commerce

	TRA	Patent and Trademark Office		
	To the Honorable Commissioner of Patents and Trademarks	101102244 ereof.		
	Name of conveying party(ies):	2. Name and address of receiving party(ies):		
	Autologous Blood Services, Inc. □ Individual(s) citizenship □ Association □ General Partnership □ Limited Partnership 図 Corporation - State of Arkansas □ Other	Name: Charles Worden Street Address: 1527 South Bowman Road City: Little Rock State: AR Zip: 72211		
-	3. Nature of conveyance:	□ Association □ General Partnership □ Limited Partnership □ Corporation □ Other		
	4. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional numbers attached? □Yes ☒ No	B. Trademark Registration No.(s) 75/507,461 75/507,346 75/507,345		
	5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and registrations involved:		
	Joe D. Calhoun Gill Elrod Ragon, a professional association 3801 TCBY Tower Little Rock, AR 72201	7. Total fee (37 CFR§ 3.41): \$ 90.00 ⊠ Enclosed □ Authorized to be charged to deposit acct. 8. Deposit account number: (attach duplicate copy of this page if paying by deposit account)		
	DO NOT USE THIS SPACE			
	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.			
	Name of Person Signing Signature Date			
ļ	OMB No. 0651-0011 (exp. 4/94)			
7/ <u>26</u> /1999 NA	Mail documents to be recorded with required co Commissioner of Page 1987 Commissioner of Page 1987	th this portion over sheet information to: atents and Trademarks		
FC:481 FC:482	40.00 00 2900 Crystal Drive 50.00 00 Arlington, VA2220	2-3513		
l FC:481	Joe D. Calhoun Gill Elrod Ragon, a professional association 3801 TCBY Tower Little Rock, AR 72201 DO NOT USI 9. Statement and signature. To the best of my knowledge and belief, the foregoing in true copy of the original document. Joe D. Calhoun	involved:		

CERTIFICATE OF MAILING

Date of Deposit: July 21, 1999

I hereby certify that this document and fee is being deposited with the United States Postal Service, first class mail, in an envelope addressed to Assistant Commissioner for Trademarks, Box Assignments, 2900 Crystal Drive, Arlington, VA 22202-3513.

TRADEMARK REEL: 001934 FRAME: 0099

ASSIGNMENT OF TRADEMARK(S), REGISTRATION(S) AND/OR APPLICATION(S)

The undersigned hereby assign to CHARLES WORDEN (hereinafter "Assignee") all rights, title and interest in the trademark(s), registration(s) and/or application(s) (collectively the "Mark") described below, including any trademark or trade name containing the word "Autologous." This Assignment includes that part of the goodwill of the business connected with the use of (and symbolized by) the Mark, and includes the following:

Registration or Applicaton <u>Number</u>	Registration or Application Date	<u>Mark</u>	Goods and <u>Services</u>
75/507,461	June 23, 1998	AUTOLOGOUS (and design)	Blood collection and treatment
75/507,346	June 23, 1998	AUTOLOGOUS PLATELET GEL	Blood collection and treatment
75/507,345	June 23, 1998	AUTOLOGOUS PLATELET JEL	Blood collection and treatment
	By: 'Bill-	Hutto, Individually	

AUTOLOGOUS BLOOD SERVICES, INC

By:

Bill Hutto, President

Date: 5/17/99

State of Arkansas County of Pulaski **ACKNOWLEDGMENT**

On this the <u>Interior</u> day of May, 1999, before me, <u>LORI ETTA REIMER</u>, the undersigned officer, personally appeared BILL HUTTO, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public

TRADEMARK REEL: 001934 FRAME: 0100

RECORDED: 07/26/1999