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FORM PTO-18 ECEIVED		U.S. Department of Commerce Patent and Trademark Office TRADEMARK			
OMB 0651-0027 1999 DEC 24 AN II: 32	101248488				
OPR/FINANCE RECORDATION FORM COVER SHEET MRD 12.24.99 TRADEMARKS ONLY					
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).					
Submission Type	Conveyance Type				
X New	Assignment	License			
Resubmission (Non-Recordation) Document ID #	Security Agreement Merger	X Nunc Pro Tunc Assignment Effective Date Month Day Year			
Correction of PTO Error Reel # Frame #		11151999			
Corrective Document	Change of Name				
Reel # Frame #	Other				
Conveying Party Mark if additional names of conveying parties attached Month Day Year PRN Franchise Systems, Inc. Mark if additional names of conveying parties attached Month Day Year [12131999]					
Formerly Individual General Partnership Limited Partnership Corporation Association					
Other					
Citizenship/State of Incorporation/Organiza	otion				
Citizenship/State of Incorporation/Organiza Receiving Party		ring parties attached			
Receiving Party	Mark if additional names of receive	ring parties attached			
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Receiving Party Name PRN Health Srvices, In	Mark if additional names of receiv	ring parties attached			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of	Mark if additional names of receiv	ring parties attached			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale	Mark if additional names of receiv	ring parties attached			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180	Mark if additional names of receivence.				
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton City	Mark if additional names of receivence. WI State/Country	54194 Zip Code			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton	Mark if additional names of receivence. WI	54.19.4 Zip Code If document to be recorded is an assignment and the receiving party is			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton City	Mark if additional names of receivence. WI State/Country	Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton City Individual General Partnership	Mark if additional names of receivence. WI State/Country	Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton City Individual General Partnership X Corporation Association	Mark if additional names of receivence. WI State/Country Limited Partnership	Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached.			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton Individual General Partnership X Corporation Association Other City City City Corporation Individual General Partnership	Mark if additional names of receivence. WI State/Country Limited Partnership	Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton Individual General Partnership X Corporation Association Other City City City Corporation Formula Corporation (Organiza 19/2000 JSHABAZZ 00000253 124 332 FOR 15:482 40.00 0P 75.00 0P	Mark if additional names of receivence. WI State/Country Limited Partnership tion OFFICE USE ONLY	Zip Code Zip Code If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)			
Receiving Party Name PRN Health Srvices, In DBA/AKA/TA Composed of Address (line 1) 611 Lynndale Address (line 2) Suite 180 Address (line 3) Appleton Individual General Partnership X Corporation Association Other Citizenship/State of Incorporation/Organiza 19/2000 JSHABAZZ 00000253 1242332 FOR	Mark if additional names of received C. WI State/Country Limited Partnership tion OFFICE USE ONLY	If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)			

TRADEMARK REEL: 002010 FRAME: 0244

FORM PTO- Expires 06/30/99 OMB 0651-0027	·1618B	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK	
Domestic R	Representative Name and Addre	Enter for the first Receiving P	arty only.	
Name				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Correspond	dent Name and Address Area Co	de and Telephone Number (815) 9	62-7071	
Name	Aaron W. Brooks			
Address (line 1) 800 N. Church Street				
Address (line 2) Rockford, IL 61103				
Address (line 3)				
Address (line 4)				
Pages	Enter the total number of pages of tincluding any attachments.	the attached conveyance document	# 2	
Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).				
	demark Application Number(s)	Registration Nu	• • •	
		1242392 1578058		
		1766129		
		1591419		
Number of Properties Enter the total number of properties involved. # 4				
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 115.00				
Method of Payment: Enclosed Deposit Account				
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: #				
Authorization to charge additional fees: Yes No				
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. Charges to deposit account are authorized, as indicated herein.				
_Aaron W	Brooks - A	12 12 12 12	2-23-99	
Name	of Person Signing	Signature	Date Signed	

TRADEMARK REEL: 002010 FRAME: 0245

ASSIGNMENT

WHEREAS, PRN FRANCHISE SYSTEMS, INC., a Florida corporation located and doing business at 10401 S.W. 121st Street, Miami, FL ("Assignor") has adopted and used in its business the following service marks which are registered in the United States Patent and Trademark Office:

Service Mark	Registration No.	Registration Date
PRN	1,242,392	06/14/83
PRN	1,766,129	04/20/93
NURSES PRN	1,591,419	04/10/90
NURSES PRN	1,578,058	01/16/90

WHEREAS, PRN HEALTH SERVICES, INC., a Wisconsin corporation located and doing business at 611 Lynndale Suite 180 Appleton, WI ("Assignee") is desirous of acquiring said marks and said applications.

NOW, THEREFORE, in consideration of and for good and valuable consideration, the receipt of which is hereby acknowledged, and in accordance with a separate agreement between the parties, Assignor does hereby sell, assign, transfer, and set over unto Assignee the entire right, title and interest in and to said marks and said registrations, together with the good will of the business symbolized by said marks and said registrations, and in accordance with which the said marks are used, together with all common law rights of Assignor, including the right to bring action and recover for past infringement, if any, of said marks or said applications.

This assignment is effective as of November 15, 1999, nunc pro tunc.

PRN FRANCHISE SYSTEMS, INC.

Willard L. Wendt, President

STATE OF FLORIDA COUNTY OF Miami-Dade

I, <u>Marcela Sinnreich</u>, a Notary Public in and for the county and state aforesaid, do hereby certify that Willard L. Wendt, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal, this $\frac{\mu_1}{2}$ day

of December, 1999.

My Commission Expires:

SEAL



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