

08-15-2000



101431673

1-18-00
10:10
10:10

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
Effective Date
Month Day Year

- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name Senior Campus Living, LLC

Execution Date
Month Day Year
01/31/2000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other limited liability company

Citizenship/State of Incorporation/Organization Maryland

Receiving Party

Mark if additional names of receiving parties attached

Name Erickson Retirement Communities, LLC

DBA/AKA/TA _____

Composed of _____

Address (line 1) 701 Maiden Choice Lane

Address (line 2) _____

Address (line 3) Baltimore

Maryland

21228

- Individual General Partnership Limited Partnership

Corporation Association

Other limited liability company

Citizenship/State of Incorporation/Organization Maryland

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.)

FOR OFFICE USE ONLY

08/15/2000 MTHAI1 00000040 75563312

01 FC:481 40.00 OP
02 FC:482 375.00 OP

Public Burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

REEL: 002122 FRAME: 0634

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments. #

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).

Trademark Application Number(s)

Registration Number(s)

<input type="text" value="75563312"/>	<input type="text" value="75432091"/>	<input type="text" value="75649820"/>	<input type="text" value="2200382"/>	<input type="text" value="2196487"/>	<input type="text" value="2038414"/>
<input type="text" value="75649817"/>	<input type="text" value="75867417"/>	<input type="text" value="75867416"/>	<input type="text" value="1874372"/>	<input type="text" value="2319366"/>	<input type="text" value="2321535"/>
<input type="text" value="75869653"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2321372"/>	<input type="text" value="2321371"/>	<input type="text" value="2321534"/>

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

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.

Sally A. Hill

Name of Person Signing

Signature

7/18/00

Date Signed

**SUPPORTING DOCUMENTATION FOR TRADEMARK
CHANGE OF NAME DOCUMENTS IS**

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999