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Form PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)  
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10-09-2001  
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U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks

Send original documents or copy thereof.

1. Name of conveying party(ies): 5-24-01  
drkoop.com, Inc.

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation-State - Delaware  
 Other \_\_\_\_\_

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

2. Name and address of receiving party(ies)  
Name: drkoop.com, Inc.  
Internal Address: 225 Arizona Ave., Ste.250  
Street Address: 225 Arizona Ave.  
City: S.M. State: CA Zip: 90401

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State Delaware  
 Other \_\_\_\_\_

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 Address Change

Execution Date: 5/21/01

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,363,069

Additional number(s) attached  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Christopher A. Petrovic  
Internal Address: \_\_\_\_\_  
Street Address: 225 Arizona Avenue  
Suite 250  
City: Santa Monica State: CA Zip: 90401

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40

Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
\_\_\_\_\_  
(Attach duplicate copy of this page if paying by deposit account)

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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.

Christopher A. Petrovic

Chrl P  
Signature

5/21/01

Name of Person Signing

Date

Total number of pages including cover sheet, attachments, and document: 1

10/09/2001 DBYRNE 00000250 2368069

Mail documents to be recorded with required cover sheet information to:  
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Washington, D.C. 20231

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**drkoop**  
.com



05-24-2001

U.S. Patent & TMOs/TM Mail Rpt Dt. #70

May 18, 2001

**WRITER'S DIRECT DIAL NUMBER:**  
(310) 395-5700 X 115  
**WRITER'S E-MAIL ADDRESS:**  
CHRISP@DRKOOP.COM

Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

**RE: CHANGE OF ADDRESS FOR:**  
Mark: **"DRKOOP.COM"**  
Reg No.: 2,368,069

Dear Madam or Sir:

Please find enclosed the following documents regarding the above-referenced matter:

- 1. Recordation Form Cover Sheet
- 2. Change of Address Form
- 3. Self-Addressed Acknowledgement Card

Thank you in advance for your cooperation and assistance. Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Christopher A. Petrovic  
VP, Business & Legal Affairs

Enclosures (3)