

01-18-2007



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To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1.16.07

**1. Name of conveying party(ies):**

Deaconess College of Nursing, LLC

- Individual(s)
- General Partnership
- Corporation- State: \_\_\_\_\_
- Other limited liability company
- Association
- Limited Partnership

Citizenship (see guidelines) Delaware

Additional names of conveying parties attached?  Yes  No

**3. Nature of conveyance )/Execution Date(s) :**

Execution Date(s) July 3, 2006

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: Chamberlain College of Nursing LLC

Internal

Address: \_\_\_\_\_

Street Address: 6150 Oakland Avenue

City: St. Louis

State: Missouri

Country: U.S.A.

Zip: 63139

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other limited liability co

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)

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

76/662,933; 76/662,934; 76/662,940; 76/662,942; 76/662,943; 76/658,709; 76/658,712; 76/658,714; 76/658,721; 76/658,723; 76/657,424

B. Trademark Registration No.(s)

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

**5. Name & address of party to whom correspondence concerning document should be mailed:**

Name: Deborah A. Melchi

Internal Address: OLSON & HIERL, LTD.

Street Address: 20 North Wacker Drive, 36th Floor

City: Chicago

State: Illinois Zip: 60606

Phone Number: (312) 580-1180

Fax Number: (312) 580-1189

Email Address: damelchi@olsonhierl.com

**6. Total number of applications and registrations involved:**

11

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 290.00**

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed **Check No. 30694**

**8. Payment Information:**

- a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_
- b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

**9. Signature:**

Deborah A. Melchi  
Signature

January 10, 2007

Date

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40.00 DP  
250.00 DP  
Deborah A. Melchi  
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

SUPPORTING DOCUMENTATION FOR TRADEMARK  
CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999