

08-22-2007

Docket No.:

TRADEMA



ONLY

0423-20001

Tab settings

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To the Director of the United States Patent and Trademark Office, or to the appropriate office of the United States Patent and Trademark Office, for recording and filing of the original documents or copy thereof.

1. Name of conveying party(ies):
Medacare Home Health Services, LLC

8.15.07

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State Michigan
 Other _____

Additional names(s) of conveying party(ies) Yes No

2. Name and address of receiving party(ies):
Name: DSN Home Care, LLC

Internal Address: 31550 Northwestern Hwy., Ste. 155

Street Address: _____

City: Farmington Hills State: MI ZIP: 48334

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Michigan
 Other _____

If assignee is not domiciled in the United States, a domestic designation is Yes N
(Designations must be a separate document from
Additional name(s) & address(es) Yes N

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: August 10, 2007

4. Application number(s) or registration numbers(s):
A. Trademark / Service Mark Application No.(s)
76/679,892

08/21/2007 DBYRNE 00000041 76679892

01 FC:8521 (40.00 OP) Additional numbers

B. Trademark / Service Mark Registration No.(s)

AUG 15 2007

Yes No

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

Name: Michael T. Raggio

Internal Address: 2701 Cambridge Court, Ste. 410
Auburn Hills, MI 48326

Street Address: Same

City: _____ State: _____ ZIP: _____

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41):.....\$ \$40.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
04-1131

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.

Michael T. Raggio [Signature] 8-14-07
Name of Person Signing Signature Date

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

Mail documents to be recorded with required cover sheet information to:
Mail Stop Recordation Services
Director of the United States Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 003608 FRAME: 0456

AUG-10-2007(FRI) 07:46 0022

P.002/003

08/10/2007 8:06:45 AM

FAXCOM

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Michigan Department of Labor & Economic Growth

Filing Endorsement

This is to Certify that the ARTICLES OF ORGANIZATION (DOMESTIC L.L.C.)

for

DSN HOME CARE, LLC

ID NUMBER: D22484

received by facsimile transmission on August 9, 2007 is hereby endorsed

Filed on August 10, 2007 by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 10TH day of August, 2007.

, Director

Bureau of Commercial Services

Sent by Facsimile Transmission 07222

AUG-10-2007(FRI) 14:52 0022

P. 002/002

DCS-ED-715 (Rev. 12/03)

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES**

Date Received

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name
Ian M. Williamson

Address
1361 E. Big Beaver Road

City Troy State MI Zip Code 48083

EFFECTIVE DATE

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

**CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION
For use by Limited Liability Companies**

(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate of Amendment:

1. The present name of the limited liability company is:

Medicare Home Health Services, LLC

2. The identification number assigned by the Bureau is:

D1593M

3. The date of filing of its original Articles of Organization was: March 16, 2007

4. Article 1 of the Articles of Organization is hereby amended to read as follows:

The name of the limited liability company is DSN Home Care LLC.

5. The amendment was approved by a majority in interest if an operating agreement authorizes amendment of the articles of organization by majority vote.

The amendment was approved by unanimous vote of all of the members entitled to vote.

This Certificate is hereby signed as required by Section 103 of the Act.

Signed this 10th day of August, 2007

By

(Signature of Member, Manager, or authorized agent)

Michael Dunlop, Manager

(Type or Print Name and capacity)

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P. 003/003

08/10/2007 8:06:45 AM FAXCOM

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AUG-09-2007(THU) 15:38 0022

P. 002/002

FROM Michigan Business Services

(THU) AUG 9 2007 15:12/ST. 15:11/No. 7514668090 P 2

AUG-09-2007(THU) 15:12 0022

P. 002/002

REGISTRATION

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES										
Date Received	(FOR BUREAU USE ONLY)									
<p>This document is effective on the date filed, unless a subsequent effective date within 90 days is furnished data is stated in the document.</p>										
<table border="1" style="width: 100%;"> <tr> <td colspan="3">Name Ian M. Williamson</td> </tr> <tr> <td colspan="3">Address 1361 E. Big Beaver Road</td> </tr> <tr> <td>City Troy</td> <td>State MI</td> <td>Zip Code 48063</td> </tr> </table>		Name Ian M. Williamson			Address 1361 E. Big Beaver Road			City Troy	State MI	Zip Code 48063
Name Ian M. Williamson										
Address 1361 E. Big Beaver Road										
City Troy	State MI	Zip Code 48063								
EFFECTIVE DATE:										

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies

(Please read information and instructions on last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

B

ARTICLE I

The name of the limited liability company is: DSN Home Care, LLC

ARTICLE II

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

ARTICLE III

The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV


1. The street address of the location of the registered office is:
31550 Northwestern Hwy, Suite 155, Farmington Hills, Michigan 48334

2. The mailing address of the registered office if different than above:
 _____, Michigan _____

3. The name of the resident agent at the registered office is: Christopher Drew

ARTICLE V (insert any desired additional provision authorized by the Act; attach additional pages if needed.)

Signed this 9th day of August, 2007

By: 

Michael Dunlap
(Type or Print Name of Designated Agent)

08/09/2007 4:44PM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER (GENERAL)
(With Certificate of Mailing by Express Mail)

Name of Applicant: **DSN Home Care, LLC**
Serial No.: **76/679,892**

Docket No.
0423-20001

Service Mark: **QUICK CHECK and Design**

TO THE COMMISSIONER FOR TRADEMARKS:

Transmitted herewith is/are the following document(s):

Recordation Form Cover Sheet
Michigan Department of Labor & Economic Growth Filing Endorsement
Check in the amount of \$40.00 (Check No. 21660)
Postcard

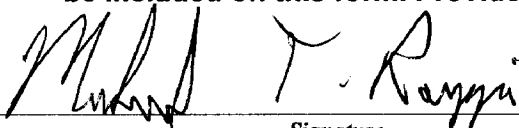


08-15-2007

U.S. Patent & TMO/TM Mail Rcpt Dt. #72

- No additional fee is required.
- Please charge Deposit Account No. _____ in the amount of _____
- A check in the amount of **\$40.00** is attached.
Any excess or insufficiency should be credited or debited to Deposit Account No. **04-1131**
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Signature

Dated: **8-14-07**

Michael T. Raggio (Reg. No. 36,645)
Raggio & Dinnin, P.C.
2701 Cambridge Court, Ste. 410
Auburn Hills, MI 48326
(248) 364-2100

I certify that this document and fee is being deposited on **8-14-07** with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 and is addressed to the Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451.


Signature of Person Mailing Correspondence

Michelle Keydel
Typed or Printed Name of Person Mailing Correspondence

EV 826767383 US

"Express Mail" Mailing Label Number

cc:

SM09/REV05