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To the Director of the U. S. Patent and Trade

ments or the new address(es) below.

6-30-08

1. Name of conveying party(ies):

Improved Mobility, Inc.

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

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) June 23, 2008

- 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: Ark Therapeutic Services, Inc.

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

Street Address: 862 A. Highway 1 So.

City: Lugoff

State: SC

Country: US Zip: 29078

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other \_\_\_\_\_

Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Citizenship South Carolina USA  
Citizenship \_\_\_\_\_  
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)

B. Trademark Registration No.(s)

2,698,567

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: G. Brian Pingel

Internal Address: BrownWinick Law Firm

Regency West 5

Street Address: 4500 Westown Parkway - Ste. 277

City: West Des Moines

State: IA Zip: 50266

Phone Number: 515-242-2400

Fax Number: 515-242-2448

Email Address: bpingel@brownwinick.com

6. Total number of applications and registrations involved:

1

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

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 50-3021

Authorized User Name BrownWinick Law Firm

9. Signature:

Signature

June 25, 2008

Date

G. Brian Pingel

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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 6428, 20049-6428

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## ASSIGNMENT

**WHEREAS**, IMPROVED MOBILITY, INC., an Iowa corporation having its principal offices at 401 Audubon, Adair, Iowa 50002, has adopted, used, is using and is the owner of the following trademark now registered in the United States Patent and Trademark Office:

<u>Trademark</u>	<u>Reg. No.</u>	<u>Reg. Date</u>
SIP TIP	2,698,567	March 18, 2003

**WHEREAS**, ARK THERAPEUTIC SERVICES, INC., a South Carolina corporation having its principal offices at 862 A. Highway 1 So., Lugoff, South Carolina 29078, is desirous of acquiring said mark.

**NOW, THEREFORE**, in consideration of good and valuable consideration, the receipt of which is hereby acknowledged, IMPROVED MOBILITY, INC. hereby assigns to ARK THERAPEUTIC SERVICES, INC. all right, title and interest in the United States in and to said trademark together with the goodwill of the business symbolized by said trademark and the above listed registration thereof.

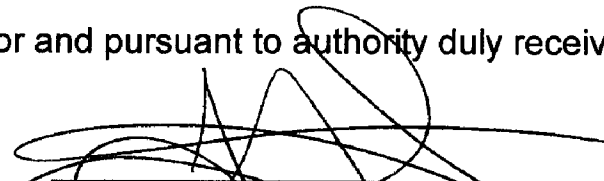
Signed at Adair, Iowa this 23rd day of June, 2008.

**Improved Mobility, Inc.**

By Chris Schafel  
Christopher E. Schafel  
President

STATE OF IOWA            )  
                                  ) ss:  
COUNTY OF ADAIR        )

On this 23<sup>rd</sup> day of June, 2008, personally appeared Christopher E. Schafer, to me known and known to me to be the President of IMPROVED MOBILITY, INC., the assignor above named, and acknowledged that he executed the foregoing Assignment on behalf of said assignor and pursuant to authority duly received.

  
\_\_\_\_\_  
Notary Public in and for said State.

