08/01/2011



Form PTO-1594 (Rev. 03-11)

OMB Collection 0651-0027 (exp. 03/31/

103629961

U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office

Doc	cument ID NO TRADEMA	RKS ONLY RE		
To th	103628204 To the Director of the U. S. Patent and Trade (Table Riesse record the attached documents or the new address(es) below.			
	To the Director of the U. S. Patent and Trademark emerging rease record the attached documents of the new address(es) below.			
8	d Associates, Inc. and ividual(s) Association accords to the property of the	se record the attached documents or the new address(es) below. 2. Name and address of receiving party(les) Additional names, addresses, or citizenship attached? No Name: Regions Bank - Collateral Management		
G G G Citizer Addition 3. Nature Execute G As	Association ecords ideneral Partnership	Street Address: P. O. Box 12926 City: Birmingham State: Alabama Country: USA Zip: 35202 Association Citizenship General Partnership Citizenship Limited Partnership Citizenship X Corporation Citizenship USA/Alabama Other Citizenship If assignee is not domiciled in the United States, a domestic		
	ther <u>Termination of Assign, of Trademark</u>	(Designations must be a separate document from assignment)		
4. Application number(s) or registration number(s) and A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Filing Healthbreak		B. Trademark Registration No.(s) 1844651 Additional sheet(s) attached? Yes X No		
conce	ne & address of party to whom correspondence rning document should be mailed: Gail Johnson	6. Total number of applications and registrations involved:		
	al Address: 1230 Regions Center	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00		
Street	Address:315 Deaderick Street	Authorized to be charged to deposit account Enclosed		
1 1	ishville Zip:37238	8. Payment Information:		
Phone Fax No	Number:6 <u>15-254-4444</u> umber: 6 <u>15-254-4445</u> Address:gjohnson@hixgray.com	Deposit Account Number Authorized User Name		
	nature: Signature Gail Johnson	7-29-11 Date Total number of pages including cover sheet, attachments, and document:		
	Name of Person Signing	Sileat, attachinatio, and cookins		

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

07/01/2011 S. DEPARTMENT OF COMMERCE Form PTO-1594 (Rev. 03-11) SUnited States Patent and Trademark Office OMB Collection 0651-0027 (exi Document ID. NO. 5th Floor 103626110 103628204 attached documents artine new address(es) below. To the Director of the U.S. i. 2. Name and address of receiving party(les) 1. Name of conveying party(ies): ☐ Yes Additional names, addresses, or citizenship attached? **⊠** No MBC and Associates, Inc. . Name: Regions Bank - Collateral Management Association Individual(s) Address: P. O. Box 12926 General Partnership Limited Partnership Street Address:_ X Corporation- State: Tennessee City: Birmingham Other State: Alabama Citizenship (see guidelines)_ __Zip:<u>35202</u> Country: USA Additional names of conveying parties attached? Yes No Association Citizenship General Partnership Citizenship 3. Nature of conveyance)/Execution Date(s): Limited Partnership Citizenship _ Execution Date(s)_ Corporation Citizenship_ Assignment Merger Other Citizenship If assignee is not domiciled in the United States, a domestic Security Agreement Change of Name representative designation is attached: Yes No Other Termination of Assign, of Trademark (Designations must be a separate document from assignment) 4. Application number(s) or registration number(s) and identification or description of the Trademark. B. Trademark Registration No.(s) A. Trademark Application No.(s) 1844651 Additional sheet(s) attached? Yes X No C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): **HEALTHBREAK** 5. Name & address of party to whom correspondence 6. Total number of applications and concerning document should be mailed: registrations involved: Name: David B. Gray 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00 Internal Address: 1230 Regions Center Fiee ok Authorized to be charged to deposit account Street Address: 315 Deaderick Street X Enclosed 8. Payment Information: City: Nashville Zip:<u>37238</u> State: Temmessee Phone Number: 615-254-4444 Deposit Account Number _____ Fax Number: 615-254-4445 Authorized User Name ___ Email Address: daray@bixgray. June 27, 2011

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Signature

Name of Person Signing

9. Signature:

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

Recording Requested by:

Regions Financial Corporation When Recorded Return To: Regions Bank Collateral Management P O Box 12926 Birmingham, AL 35202

TERMINATNATION AND RELEASE

Regions Bank is the lawful owner and holder of the indebtedness secured by that Collateral Assignment of Trademark from MBC & Associates, Inc, to Regions Bank, and filed of record on December 11, 2001, in Reel 2407; Frame 0845, in the Assignment Division of the U. S. Patent and Trademark Office in Alexandria, Virginia. Said indebtedness has been paid in full, and Regions Bank hereby terminates and fully releases the said Collateral Assignment of Trademark.

DATED the 201 day of May, 2011.

REGIONSBANK
By: Soy White
Title:

STATE OF ALABAMA COUNTY OF JEFFERSON

I, howel kile (harder), a Notary Public, in and for said County and State, do hereby certify that, Orry While , the Vice President of Regions Bank, who is signed to the foregoing document and who is known to me, sworn to (or affirmed) and subscribed before me on this day, that being informed of the contents of said instrument, he/she as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

WITNESS my hand and official seal this 20 day of May, 2011

Notary Bublic

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

TRADEMARK REEL: 004597 FRAME: 0190

3. 1,0	Form PTO-1594 (Rev. 03-11) OMB Collection 0651-0027 (exp. 03/2 1 0 3 6 8 6 1	IEET
• •	1. Name of conveying party(ies):	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached?
06/01/11	Individual(s) Association General Partnership Limited Partnership Corporation- State: Tennessee Other Citizenship (see guidelines) Additional names of conveying parties attached? Yes No 3. Nature of conveyance)/Execution Date(s): Execution Date(s) May 20, 2011 May 20, 2011 Merger Security Agreement Merger Change of Name Other Termination of Assign. of Trademark 4. Application number(s) or registration number(s) and A. Trademark Application No.(s)	General Partnership Citizenship Limited Partnership Citizenship Corporation Citizenship Other 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)
	C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes X No Date if Application or Registration Number is unknown):
	5. Name & address of party to whom correspondence concerning document should be mailed: Name: David B. Gray Internal Address: 1230 Regions Center	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00
	Street Address: 315 Deaderick Street	☐ Authorized to be charged to deposit account ☑ Enclosed
	City: Nashville State: Temmessee Zip: 37238 Phone Number: 615-254-4444 Fax Number: 615-254-4445	8. Payment Information: 06/81/2011 ANULLINS 80899997 1844651 01 FC:8521 48.89 GP Deposit Account Number Authorized User Name
	9. Signature:	May 27, 2011

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
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Name of Person Signing

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

Recording Requested by:

Regions Financial Corporation When Recorded Return To: Regions Bank Collateral Management P O Box 12926 Birmingham, AL 35202

TERMINATNATION AND RELEASE

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DATED the 201 day of May, 2011.

REG	IONS/BANK
By:	S/ox when
Title:	VP

STATE OF ALABAMA COUNTY OF JEFFERSON

I, While wheeler, a Notary Public, in and for said County and State, do hereby certify that, Cary while , the Vice President of Regions Bank, who is signed to the foregoing document and who is known to me, sworn to (or affirmed) and subscribed before me on this day, that being informed of the contents of said instrument, he/she as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

WITNESS my hand and official seal this 20 day of May, 2011

NOTATY PUBLIC / MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

TRADEMARK
REEL: 004597 FRAME: 0192

	To the Director of the U. S. Patent & Unice Plaas	se record the attached documents or the new ad
11/10/90	1. Name of conveying party(ies): Individual(s)	2. Name and address of receiving part Additional names, addresses, or citizenship att Name: Regions Bank - Collateral Management Internal Address: P. O. Box 12926 Street Address: City: Birmingham State: Alabama Country: USA Zip: Association Citizenship Limited Partnership Citizenship Limited Partnership Citizenship State: Alabama Country: USA Zip: General Partnership Citizenship Limited Partnership Citizenship State: Alabama Country: USA Zip: General Partnership Citizenship State: Alabama Country: USA Zip: General Partnership Citizenship State: Alabama Country: USA Zip: General Partnership Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship State: Alabama Country: USA Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship Citizenship State: Alabama Country: USA Zip: Country: USA Zip: Citizenship Citizenship
	5. Name & address of party to whom correspondence concerning document should be mailed: Name: David B. Gray	6. Total number of applications and registrations involved:
		1

Zip: 37238

Name of Person Signing

Form PTO-1594 (Rev. 03-11) OMB Collection 0651-0027 (exp. 03/3

Internal Address: 1230 Regions Center

Street Address: 315 Deaderick Street

City: Nashville

State: Temmessee

9. Signature:

Phone Number: 615-254-4444 Fax Number: 615-254-4445

Email Address: dgray@htxgray.cc

06/01/2011 U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office IEET Y 103626110 dress(es) below. ty(les) ached? X No Recordation 35202 s, a domestic Yes ☐ No from assignment) demark. Yes X No is unknown): \$ 40.00 7. Total fee (37 CFR 2.6(b)(6) & 3.41) Authorized to be charged to deposit account X Enclosed 8. Payment Information: 06/01/2011 AMULLINS 00000007 1844651 01 FC:8521 Deposit Account Number

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Authorized User Name

May 27, 2011

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

Date

Recording Requested by:

Regions Financial Corporation When Recorded Return To: Regions Bank Collateral Management P O Box 12926 Birmingham, AL 35202

TERMINATNATION AND RELEASE

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DATED the 201 day of May, 2011.

REGIONS BANK

By: Some White

Title: VP

STATE OF ALABAMA COUNTY OF JEFFERSON

I, how where a Notary Public, in and for said County and State, do hereby certify that, on the line of Regions Bank, who is signed to the foregoing document and who is known to me, sworn to (or affirmed) and subscribed before me on this day, that being informed of the contents of said instrument, he/she as such officer and with full authority, executed the same voluntarily for and as the act of said corporation.

WITNESS my hand and official seal this and day of May, 2011

Notary Public / MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

TRADEMARK
REEL: 004597 FRAME: 0194

RECORDATION FORM COVER SHEET TRADEMARKS ONLY				
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.				
1. Name of conveying party(les): Individual(s)	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No Name: Regions Bank - Collateral Management Internal Address: P.O. Box 12926 Street Address: City: Birmingham State: Alabama Country: USA Zip: 35202			
3. Nature of conveyance)/Execution Date(s): Execution Date(s) May 20, 2011 Assignment Merger Security Agreement Change of Name Other Termination of Assign. of Trademark 4. Application number(s) or registration number(s) and A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Filing HEALTHBREAK	B. Trademark Registration No.(s) 1844651 Additional sheet(s) attached? Yes X No			
5. Name & address of party to whom correspondence concerning document should be mailed: Name: David B. Gray Internal Address: 1230 Regions Center	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00			
Street Address: 315 Deaderick Street	☐ Authorized to be charged to deposit account ☐ Enclosed			
City: Nashville State: Temmessee Zip: 37238 Phone Number: 615-254-4444 Fax Number: 615-254-4445	8. Payment Information: Deposit Account Number Authorized User Name			
9. Signature: DAVID B. GRAY Name of Person Signing	May 27, 2011 Date Total number of pages including cover sheet, attachments, and document:			

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
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UNITED STATES PATENT AND TRADEMARK OFFICE

Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office

JUNE 21, 2011

PTAS

103626110A

DAVID B. GRAY
1230 REGIONS CENTER
315 DEADERICK STREET
NASHVILLE, TENNESSEE 37238

UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF NON-RECORDATION OF DOCUMENT

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THE ORIGINAL DATE OF FILING OF THIS ASSIGNMENT DOCUMENT WILL BE MAINTAINED IF RESUBMITTED WITH THE APPROPRIATE CORRECTION(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE AS OUTLINED UNDER 37 CFR 3.51. THE RESUBMITTED DOCUMENT MUST INCLUDE A STAMP WITH THE OFFICIAL DATE OF RECEIPT UNDER 37 CFR 3. APPLICANTS MAY USE THE CERTIFIED PROCEDURES UNDER 37 CFR 1.8 OR 1.10 FOR RESUBMISSION OF THE RETURNED PAPERS, IF THEY DESIRE TO HAVE THE BENEFIT OF THE DATE OF DEPOSIT IN THE UNITED STATES POSTAL SERVICE.

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IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,
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571-272-3350.

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TONYA LEE, EXAMINER
ASSIGNMENT SERVICES BRANCH
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