

08/01/2011



Form PTO-1594 (Rev. 03-11)
OMB Collection 0651-0027 (exp. 03/31)

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

103629961

Document ID NO
103628204

TRADEMARKS ONLY

RE

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

102/1/8

1. Name of conveying party(ies):

MBC and Associates, Inc.

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

Citizenship (see guidelines) USA/Tennessee

Additional names of conveying parties attached? Yes No

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

Execution Date(s) May 20, 2011

- Assignment
- Security Agreement
- Other Termination of Assign. of Trademark
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Regions Bank - Collateral Management

Internal

Address: _____

Street Address: P. O. Box 12926

City: Birmingham

State: Alabama

Country: USA Zip: 35202

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship USA/Alabama
- 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)

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)

1844651

Additional sheet(s) attached? Yes 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 concerning document should be mailed:

Name: Gail Johnson

Internal Address: 1230 Regions Center

Street Address: 315 Deaderick Street

City: Nashville

State: Tennessee Zip: 37238

Phone Number: 615-254-4444

Fax Number: 615-254-4445

Email Address: gjohnson@hixgray.com

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

Gail Johnson
Signature

7-29-11

Date

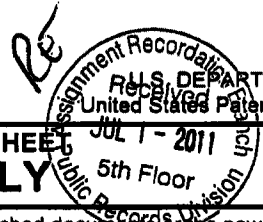
Gail Johnson

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

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



Document ID. NO.
103626110



103628204

WORKSHEET ONLY

To the Director of the U. S. I.

attached documents to the new address(es) below.

1. Name of conveying party(ies):

MBC and Associates, Inc.

- Individual(s)
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HEALTHBREAK

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

Name: David B. Gray

Internal Address: 1230 Regions Center

Street Address: 315 Deaderick Street

City: Nashville

State: Tennessee Zip: 37238

Phone Number: 615-254-4444

Fax Number: 615-254-4445

Email Address: dgray@bixgray.com

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1

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8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

June 27, 2011

Date

DAVID B. GRAY

Name of Person Signing

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

2

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

Recording Requested by:

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

TERMINATION 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 20th day of May, 2011.

REGIONS BANK

By: *Gary White*
Title: *VP*

STATE OF ALABAMA
COUNTY OF JEFFERSON

I, *Kimberly Lee Gentry*, a Notary Public, in and for said County and State, do hereby certify that, *Gary White*, 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 *20th* day of May, 2011

Kimberly Lee Gentry
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

06/01/2011



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EET
Y

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(ies):

- Individual(s)
- General Partnership
- Corporation- State: Tennessee
- Other _____
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- Limited Partnership

Citizenship (see guidelines) _____

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Address: P. O. Box 12926

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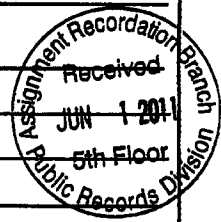
City: Birmingham

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8. Payment Information:

06/01/2011 ANULLINS 00000007 1844651

01 FC:8521 40.00 00
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Authorized User Name _____

9. Signature:

Signature

May 27, 2011

Date

DAVID B. GRAY

Name of Person Signing

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DATED the 20th day of May, 2011.

REGIONS BANK

By: [Signature]

Title: VP

STATE OF ALABAMA
COUNTY OF JEFFERSON

I, Kimberly Lee Gant, a Notary Public, in and for said County and State, do hereby certify that, Cary White, 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 20th day of May, 2011

[Signature]
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

TRADEMARK
REEL: 004597 FRAME: 0192

06/01/2011



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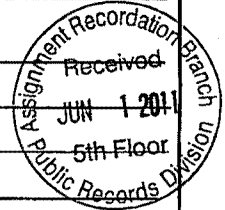
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Email Address: dgray@htxgray.com

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06/01/2011 ANULLINS 00000007 1844651

01 FC:852i Deposit Account Number _____ 40.00 0P

Authorized User Name _____

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Signature

DAVID B. GRAY

Name of Person Signing

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DATED the 20th day of May, 2011.

REGIONS BANK
By: [Signature]
Title: VP

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COUNTY OF JEFFERSON

I, Kimberly Lee Gentry, a Notary Public, in and for said County and State, do hereby certify that, Dary White, 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 20th day of May, 2011

[Signature]
Notary Public

MY COMMISSION EXPIRES SEPTEMBER 30, 2014

Document Prepared by: Tiffany O. Allen

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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Fax Number: 615-254-4445
Email Address: dgray@rbgray.com

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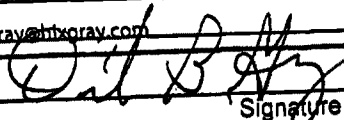
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UNITED STATES PATENT AND TRADEMARK OFFICE

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

DOCUMENT ID NO.: 103626110

THE ENCLOSED DOCUMENT HAS BEEN EXAMINED AND FOUND NON-RECORDABLE BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. THE REASON(S) FOR NON-RECORDATION ARE STATED BELOW. DOCUMENTS BEING RESUBMITTED FOR RECORDATION MUST BE ACCOMPANIED BY A NEW COVER SHEET REFLECTING THE CORRECT INFORMATION TO BE RECORDED AND THE DOCUMENT ID NUMBER REFERENCED ABOVE.

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.

SEND DOCUMENTS TO: U.S. PATENT AND TRADEMARK OFFICE,
MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.
IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,
YOU MAY CONTACT THE INDIVIDUAL WHOSE NAME APPEARS ON THIS NOTICE AT
571-272-3350.

1. THE COVER SHEET SUBMITTED FOR RECORDING IS NOT ACCEPTABLE. THE NAME OF THE CONVEYING PARTY(S) MUST BE INDICATED ON THE COVER SHEET AND MUST BE COMPLETE. (I.E. LAST NAME, FIRST NAME MI)

TONYA LEE, EXAMINER
ASSIGNMENT SERVICES BRANCH
PUBLIC RECORDS DIVISION