

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.

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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

00000032 76662933

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