

FORM PTO-1505

REC

04-07-2008

ET

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

103494741

To the Director of the US Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Shannon D. Near

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: Quality Edge, Inc. &amp; Wellness Inc.

Internal Address: 2712 Walkent Drive NW

Walker, MI 49544

Street Address: 2712 Walkent Drive NW

City: Walker State: MI ZIP: 49544

Additional name(s) of receiving party(ies) attached? ☒ Yes ☐ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other \_\_\_\_\_

Execution Date: March 5, 2008

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is

A. Patent Application No. 12/008,466

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Carl S. ClarkAddress: Price, Heneveld, Cooper, DeWitt &Litton, LLPStreet Address: Post Office Box 2567City: Grand Rapids State: MI ZIP: 49501

6. Total number of applications and patents involved:

1

7. Total fee (37 C.F.R. § 3.41).....\$ 40.00

☒ Enclosed☒ Authorized to be charged to deposit account

8. Deposit Account number:

16-2463

(Attach duplicate copy of this page if paying by deposit account)

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.**Carl S. Clark  
Name of Person Signing[Signature]  
Signature

04/04/2008 DBYRNE 12/008466

01 FC:0021

Date

40.00 DP

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

Mail documents to be recorded with required cover sheet information to:  
Director of the US Patent and Trademark Office, Mail Stop Assignment Recordation Services  
PO Box 1450, Alexandria, Virginia 22313-1450PATENT  
REEL: 020764 FRAME: 0115

**Additional Receiving Party Information:**

**Name and address of receiving party(ies)**

**Name: Wellness Inc.**

**Internal Address: 1 Vantage Way, Suite B440**

**Nashville, TN 37228**

**Street Address: 1 Vantage Way, Suite B440**

**City: Nashville      State: TN      ZIP: 37228**

**ASSIGNMENT**

**WHEREAS, Shannon D. Near**

**residing at 1034 Chester Street, Grand Rapids, MI 49506**

**respectively, (hereinafter referred to as Assignor) have invented certain new and useful improvements in**

**DEMOUNTABLE WALL SYSTEM AND METHOD**

**for which an application for United States Letters Patent was executed on even date herewith.**

**WHEREAS, Quality Edge, Inc.**

**a corporation of Delaware**

**having a place of business at 2712 Walkent Drive NW, Walker, MI 49544**

**and**

**Wellness Inc.**

**a corporation of Tennessee**

**having a place of business at 1 Vantage Way, Suite B440, Nashville, Tennessee 37228**

**(hereinafter referred to as Assignee) are desirous of acquiring and jointly owning the entire right, title and interest in and to said invention and in and to any Letters Patent that may be granted therefor in the United States and in any and all foreign countries.**

**NOW, THEREFORE, in consideration of the sum of one dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable considerations, Assignor hereby sells, assigns and transfers unto said Assignee the full and exclusive right, title and interest to the said invention in the United States and in all foreign countries and the entire right, title and interest in and to any and all Letters Patent which may be granted therefor in the United States and in any and all foreign countries and in and to any and all divisions, reissues, continuations, continuation-in-part, and extensions thereof including the full right to claim for any such applications the benefits of the International Convention.**

**Assignor hereby authorizes and requests the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said Assignee as the owner of the entire right, title and interest in and to the same, for the sole use and behoof of said Assignee, its successors and assigns.**

**FURTHER, Assignor agrees to communicate to said Assignee or its representatives any facts known to Assignor respecting said invention, and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuation, continuation-in-part, substitution, renewal, and reissue applications, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said Assignee, make all rightful oaths and generally do everything possible to aid said**

**PATENT**

**REEL: 020764 FRAME: 0117**

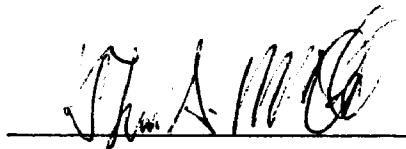
Assignee, its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

IN TESTIMONY WHEREOF, I (we) have hereunto set my (our) hand(s) on the date appearing next to my (our) signature.

Witness:

Inventor:

Date:





3/5/08

Shannon D. Near

Address: 1034 Chester Street  
Grand Rapids, MI 49506

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

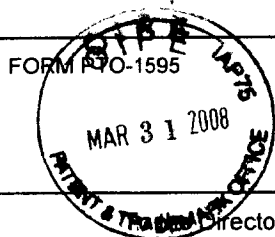
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FORM PTO-1595

# RECORDATION FORM COVER SHEET PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

Director of the US Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Shannon D. Near

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: Quality Edge, Inc. &amp; Wellness Inc.

Internal Address: 2712 Walkent Drive NW

Walker, MI 49544

Street Address: 2712 Walkent Drive NW

City: Walker

State: MI

ZIP: 49544

Additional name(s) of receiving party(ies) attached? ☒ Yes ☐ No

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other \_\_\_\_\_

Execution Date: March 5, 2008

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is

A. Patent Application No. 12/008,466

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Carl S. ClarkAddress: Price, Heneveld, Cooper, DeWitt &Litton, LLPStreet Address: Post Office Box 2567City: Grand Rapids State: MI ZIP: 49501

6. Total number of applications and patents involved:

1

7. Total fee (37 C.F.R. § 3.41).....\$ 40.00

☒ Enclosed☒ Authorized to be charged to deposit account

8. Deposit Account number:

16-2463

(Attach duplicate copy of this page if paying by deposit account)

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.**Carl S. Clark

Name of Person Signing

  
Signature
3/28/08

Date

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

Mail documents to be recorded with required cover sheet information to:  
 Director of the US Patent and Trademark Office, Mail Stop Assignment Recordation Services  
 PO Box 1450, Alexandria, Virginia 22313-1450

**PATENT**  
**REEL: 020764 FRAME: 0119**

**Additional Receiving Party Information:**

**Name and address of receiving party(ies)**

**Name:** Wellness Inc.

**Internal Address:** 1 Vantage Way, Suite B440

**Nashville, TN 37228**

**Street Address:** 1 Vantage Way, Suite B440

**City:** Nashville      **State:** TN      **ZIP:** 37228