

STATE OF WYOMING
Secretary of State
State Capitol, Cheyenne, WY 82002

Filed
MAR 8 95 2 9 8 7 0 7

APPLICATION FOR REGISTRATION OF TRADEMARK OR SERVICE MARK SECRETARY OF STATE

1. Be it known that the applicant Big Horn Pediatrics, P.C. has heretofore adopted and used a certain trademark and hereby makes application for registration of such trademark.

2. Business address of applicant is: 720 W. Eighth, Gillette, Wyoming 82716

3. Mailing address of applicant is: Same

4. Applicant is: (a) individual (b) partnership (c) a corporation (d) other (CIRCLE ANSWER) If (b) give names and address of partners:

If (c) show when and where incorporated (STATE) Wyoming (DATE) November 29, 1993

If (d) explain:

5. Provide a written description of trademark or service mark. Your description must include all words, names, symbols, devices and designs which the applicant wishes to be included within the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.

Bighorn Sheep with a baby on its horn, horn encircling baby.

6. Provide the class number and title of the goods or services (see reverse) use only one class code per registration.

100. Miscellaneous (Medical)

7. Provide a brief description of the goods and services within the class (i.e., what your product is, or what service you provide.) Pediatrics care for infants, children and adolescents

8. List the mode or manner in which the mark is used to identify the goods or services (e.g., goods-labels on cans, bags, wrappers, et.; tags, nameplates affixed directly to product; services-labels on laundry bags, advertising, window signs, etc.) services - on letterhead, business cards, envelopes, invoices, checks

9. Date of first use by applicant or predecessor:

(a) Anywhere The mark must have been used

(b) In this State 11-29-93 before it may be registered

10. Three specimens or facsimiles of the mark as it is actually used must accompany this application.

STATE OF WYOMING)
) ss.
COUNTY OF CAMPBELL)

David R. Fall, M.D., being first duly sworn, deposes and says that he is (title) President of the applicant and makes this affidavit on behalf of the applicant. He has read the above application, and the facts set out therein are true; he believes the applicant to be the owner of the mark sought to be registered; to his best knowledge and belief no other person, firm, corporation or association has the right to use said mark in this State, either in the identical form or in such near resemblance thereto as might be calculated to deceive.

DATE: 2-23-95 Signature: [Signature]

Subscribed and sworn to before me this 23rd day of February, 19 95

SEAL



Notary Public

My commission expires 1-9-1999



ACKNOWLEDGMENT

I, Thomas Rau, M.D., hereby acknowledge the use of the name Big Horn Pediatrics by David R. Fall, M.D. Dr. Fall has my permission to register the Big Horn Pediatrics trademark.

I am no longer affiliated with Big Horn Pediatrics Associates, now know as Big Horn Pediatrics, P.C.

DATED this 14 day of February, 1995.

Signature available on original document

Thomas Rau, M.D.

STATE OF IDAHO)
COUNTY OF Kootenai)ss.

The above and foregoing was subscribed and sworn to before me this 14th day of February, 1995, by Thomas Rau, M.D.

WITNESS my hand and official seal.

Cindy D. Dapunt
Notary Public

My commission expires: AUG. 31, 1995

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BIG HORN PEDIATRICS, P.C. (REGISTRANT) - DESIGN
BIG HORN PEDIATRICS, P.C.
~~720 WEST EIGHTH~~ 1308 WEST 4th ST.
GILLETTE, WY 82716 1995-298707

FILED: 01/03/2004

CID: 1995-00298707

WY Secretary of State

Doc. ID: 2005-00485002

Wyoming Secretary of State
The Capitol Building, Room 110
200 W. 24th Street
Cheyenne, WY 82002-0020

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**APPLICATION FOR RENEWAL OF
TRADEMARK OR SERVICE MARK REGISTRATION**

1. Provide a written description of the trademark or service mark. Your description must include all words, names, symbols, devices and designs which appear on the mark. You may attach a separate sheet if needed; however, you must describe the trademark completely.

The trademark is the head of a big horn sheep with a baby in the middle of it with the wording "Big Horn Pediatrics, P.C."

2. Name of applicant: Big Horn Pediatrics, P.C.
3. Business address of applicant: 1308 WEST 4th ST. Gillette, WY 82716
4. Mailing address of applicant: 1308 WEST 4th ST. Gillette, WY 82716
5. Applicant is: (a) individual; X (b) corporation; (c) limited partnership; (d) general partnership; (e) limited liability company; (f) statutory trust; (g) other (CHECK ANSWER)

If (b) (c) (e) or (f) show when and where incorporated or organized: (STATE) Wyoming
(DATE) 11/29/93

If (c) or (d) list the names of the general partners: David R. Fall, Julie S. Fall
and Jennifer M. Peterson

If (e) or (f) list the names of the managers, members or trustees:

Pennic L. Schultz

If (g) explain:

6. Date of original registration in the office of the Wyoming Secretary of State: 03-08-1995
7. Provide the class number and title of the goods or services (see reverse) use only one class code per renewal.
100 - misc. (provide professional services, medical clinic)
8. Provide a brief description of the goods or services within the class (i.e., what your product is, or what service you provide.) Pediatric Medical Clinic

Big Horn Pediatrics, P.C.



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9. List the mode or manner in which the mark is used to identify the goods or services (e.g.: goods - labels on cans, bags, wrappers, etc.; tags, nameplates affixed directly to product; services - labels on laundry bags, advertising, window signs, etc.)

All personalized products the office uses. Such as letterhead, business cards, appt cards, prescription pads, envelopes, sign on front of the building, etc.

10. An application to register the mark or portions or a composite has been filed by the applicant or a predecessor in interest in the U.S. Patent and Trademark office: Yes _____ No X

If yes, provide filing date, serial number of each application, the status and, if any application was finally refused registration or has not otherwise resulted in registration, the reasons therefor.

11. Three specimens or facsimiles of the mark as it is actually used must accompany this renewal application.

12. The applicant is the owner of the mark. The mark has been and is still in use and to the knowledge of the person verifying this application, no other person has registered, either federally or in this state, or has the right to use such mark either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person, to cause confusion or to cause mistake or to deceive.

Date: 12/17/04

Signed: Signature available on original document

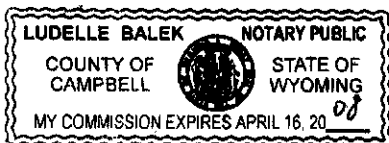
Title: Office Manager

State of Wyoming)ss.

County of Campbell)

Subscribed and sworn to before me this 17th day of December,
2004 by Lisa S. Hicks

SEAL



Ludelle Bales
Notary Public

My commission expires: 4-16-08

Filing Fee: \$50.00 (Filing instructions are on the following page.)