PTO Form 2196 (Rev 5/2006)

OMB No. 0651-0056 (Exp 10/31/2008)

Revocation of Attorney/Domestic Representative and/or Appointment of Attorney/Domestic Representative

The table below presents the data as entered.

Input Field	Entered
SERIAL NUMBER	77007953
LAW OFFICE ASSIGNED	LAW OFFICE 103
MARK SECTION	
MARK	MERIDIUM XN
ATTORNEY SECTION	
ORIGINAL ADDRESS	BioCare Direct, Inc. 15551-1 16410 N. 91 Street Suite 110 Scottsdale, AZ 85260 (503)-226-4290 (503)-226-6600
CORRESPONDENCE SECTION	
ORIGINAL ADDRESS	BioCare Direct, Inc. 15551-1 16410 N. 91 Street Suite 110 Scottsdale, AZ 85260 (503)-226-4290 (503)-226-6600
NEW ATTORNEY ADDRESS	
STATEMENT TEXT	By submission of this request, the undersigned REVOKES the power of attorney currently of record, as listed above, and hereby APPOINTS the following new attorney:
NAME	Michael E. Mangelson
FIRM NAME	Stoel Rives LLP
STREET	201 South Main Street, Suite 1100
CITY	Salt Lake City

STATE	Utah
COUNTRY	United States
POSTAL/ZIP CODE	84111
PHONE	801-578-6903
FAX	801-578-6999
EMAIL	TM-SLC@stoel.com
ATTORNEY AUTHORIZED TO COMMUNICATE VIA E-MAIL	YES
ATTORNEY DOCKET NUMBER	38744/1
NEW CORRESPONDENCE ADDRESS	
NAME	Michael E. Mangelson
FIRM NAME	Stoel Rives LLP
STREET	201 South Main Street, Suite 1100
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AUTHORIZED TO COMMUNICATE VIA E-MAIL	YES
SIGNATURE SECTION	
SIGNATURE	/cory carter/
SIGNATORY NAME	Cory Carter
SIGNATORY DATE	12/05/2007
SIGNATORY POSITION	Director of Regulatory Affairs
FILING INFORMATION SECTION	
SUBMIT DATE	Wed Dec 05 13:03:23 EST 2007
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To the Commissioner for Trademarks:
MARK: MERIDIUM XN
SERIAL NUMBER: 77007953

The original attorney
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Original Correspondence Address :
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By submission of this request, the undersigned REVOKES the power of attorney currently of record, as listed above, and hereby APPOINTS the following new attorney:

Newly Appointed Attorney:
Michael E. Mangelson
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Signature: /cory carter/ Date: 12/05/2007
Signatory's Name: Cory Carter
Signatory's Position: Director of Regulatory Affairs

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