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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

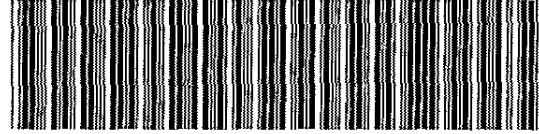
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FundingCare™
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard A. Selinger
(Name of Person)

(Firm/Company)

233 East Bay Street, Suite 1020
(Address)

Jacksonville, FL 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard A. Selinger at (904) 598-0900
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

PART I

1. (a) Applicant's name: Richard A. Selinger
(b) Applicant's business address: 233 East Bay Street, Suite 1000
Jacksonville, FL 32202
City/State/Zip

If different, Applicant's mailing address: _____
City/State/Zip

- (c) Applicant's telephone number: (904) 598-0900
 Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: _____

If other than an individual,

- (1) Florida registration/document number: _____ (2) Domicile State: _____
(3) Federal Employer Identification Number: _____

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Legal Services in the area of
estate planning

- (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

The mark will be used in advertising, labels, decals,
newspaper advertisements, brochures, stationary, publications
promotional materials, marketing materials, mailings, articles et.

d) The class(es) in which goods or services fall:
Class 42 - Legal Services

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 7/26/07 (b) Date first used in Florida: 7/26/07

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

FundingCare™

FundingCare is one word, black and white, as set forth to the left. Please see attached samples.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, Richard A. Selinger, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida 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, to cause mistake or to deceive. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Richard A. Selinger
Typed or printed name of applicant

[Signature]
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Duval

On this 30th day of July, 2007,
appeared before me,

who is personally known to me whose identity I proved on the basis of _____

FILED
07 AUG -6 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA
personally

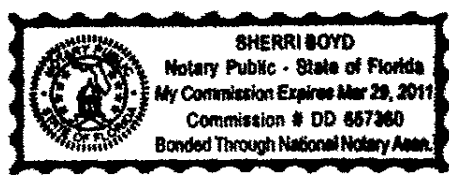
[Signature]
Notary Public/Signature

Sherrri Boyd
Notary's Printed Name

My Commission Expires: 3/29/2011

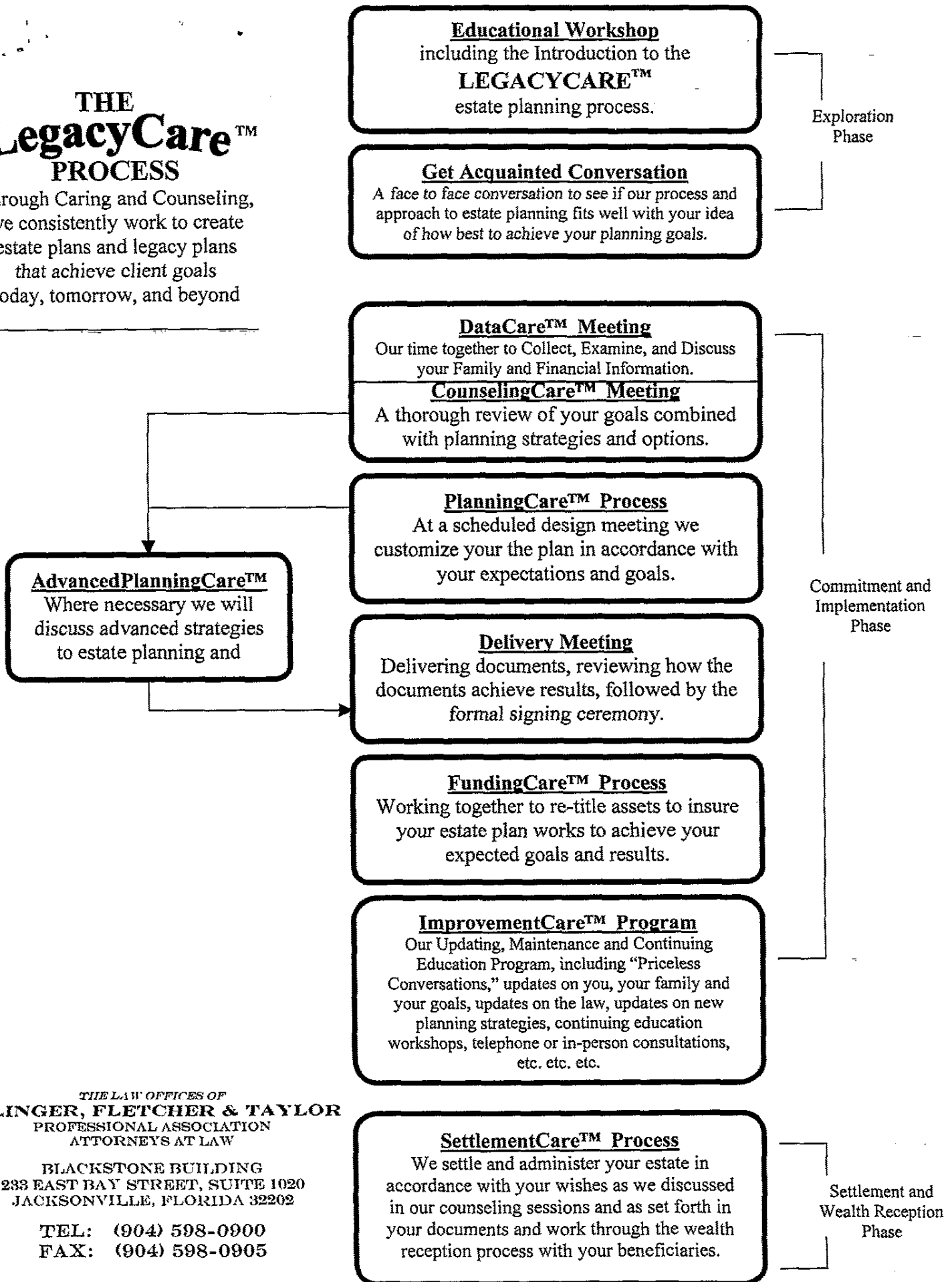
(Seal)

FILING FEE: \$87.50 per class



THE LegacyCare™ PROCESS

Through Caring and Counseling, we consistently work to create estate plans and legacy plans that achieve client goals today, tomorrow, and beyond



THE LAW OFFICES OF
SELINGER, FLETCHER & TAYLOR
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

BLACKSTONE BUILDING
233 EAST BAY STREET, SUITE 1020
JACKSONVILLE, FLORIDA 32202

TEL: (904) 598-0900
FAX: (904) 598-0905