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Form PTO-1594 (Rev. 1-93)

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U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

100725244

attached original documents or copy thereof.

To the Honorable Commissioner	
<p>1. Name of conveying party(ies): <b>CareWise, Inc.</b></p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State: <b>Washington</b>  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached?      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies): Name: <b>Merck-Medco Managed Care, L.L.C.</b> Internal Address: _____ Street Address: <b>100 Summit Avenue</b> City: <b>Montvale</b>      State: <b>NJ</b>                      ZIP: <b>07645</b></p> <p><input type="checkbox"/> Individual(s) citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input type="checkbox"/> Corporation-State _____  <input checked="" type="checkbox"/> Other <b>Delaware limited liability company</b></p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached      <input type="checkbox"/> Yes      <input type="checkbox"/> No  (Designations must be a separate document from Assignment)  Additional name(s) &amp; address(es) attached?      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:  <input checked="" type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <b>May 18, 1998</b></p>	<p>4. Application number(s) or registration number(s):  A. Trademark Application No.(s) <b>74/707790</b></p> <p>B. Trademark Registration No.(s) _____</p> <p>Additional numbers attached?      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:  Name: <b>Erika J. Starrs</b>  Internal Address: <b>Perkins Coie</b></p> <p>Street Address: <b>1201 Third Avenue, 40th Floor</b></p> <p>City: <b>Seattle</b>                      State: <b>WA</b>      ZIP: <b>98101</b></p>	<p>6. Total number of applications and registrations involved:      <b>1</b></p> <p>7. Total fee (37 CFR 3.41):      <b>\$ 40.00</b>  <input checked="" type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number _____  (Attach duplicate copy of this page if paying by deposit account)</p>
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<p>9. Statement and signature.  <i>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.</i></p> <p style="text-align: center;"><b>Erika J. Starrs</b>                      <i>E. Starrs</i>                      <b>May 26, 1998</b></p> <p style="text-align: center;">Name of Person Signing                      Signature                      Date</p>	
Total number of pages comprising cover sheet, attachments and document: <b>3</b>	

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sworn, acknowledged that he is the Vice President of Marketing, Products and Sales of CareWise, Inc., the corporation described in and which executed the foregoing instrument, that he has signed said instrument as a free act on behalf of said corporation, and that he has the authority to act on behalf of, and bind, said corporation.

SUBSCRIBED AND SWORN to before me this 18 day of May, 1998, by  
Craig S. Russell.

*Donna M. Glvedom*

NOTARY PUBLIC in and for the State of  
Washington, residing at Seattle

My Appointment Expires: 7/8/00