

09-14-1998

(Rev. 6-93)

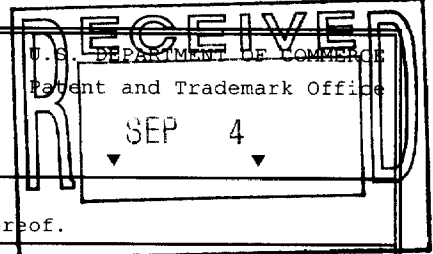
RE



100825926

SHEET

1LY



OMB No. 0651-0011 (exp. 4/94)

Tab settings

To the Assistant Commissioner for Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): MRD 9-4-98
 Pocket Nurse Enterprises

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other _____

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

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: August 31, 1998

2. Name and address of receiving party(ies)

Name: Pocket Nurse Enterprises, Inc.
 Internal Address: _____
 Street Address: 1231 Fourth Avenue
 City: Coraopolis State: PA ZIP: 15108-1617

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Pennsylvania
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from assignment)

Additional name(s) & address(es) attached? Yes No

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

A. Trademark Application No. (s)
 B. Trademark Registration No. (s)
1,714,635 registered September 8, 1992

40E

Additional numbers attached? Yes No

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

Name: Richard L. Byrne
 Internal Address: Webb Ziesenheim Bruening
Logsdon Orkin & Hanson, P.C.
 Street Address: 700 Koppers Building
436 Seventh Avenue
 City: Pittsburgh State: PA ZIP: 15219-1818

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:

 (Attach triplicate 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 an attached copy is a true copy of the original document.

Richard L. Byrne Richard L. Byrne September 2, 1998
 Name of Person Signing Signature Date
 Registration No. 28,498

40.00 DP
1714635

Total number of pages including cover sheet, attachments and document 2

Mail documents to be recorded with required cover sheet information to: U.S. Patent and Trademark Office, Office of Public Records, Crystal Gateway 4, Room 335 Washington, DC 20231

TRADEMARK REEL: 1786 FRAME: 0709

09/11/1998 JWHATKINS 00000004 4714635

ASSIGNMENT OF TRADEMARK REGISTRATION

WHEREAS, POCKET NURSE ENTERPRISES, a Pennsylvania partnership, located and doing business at 1105 Fifth Avenue, Coraopolis, Pennsylvania 15108, has adopted, used, is using and is the owner of the following trademark and registration in the United States Patent and Trademark Office:

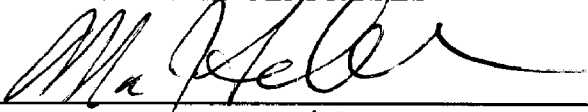
<u>Mark</u>	<u>Registration No.</u>	<u>Issue Date</u>
POCKET NURSE	1,714,635	September 8, 1992

WHEREAS, POCKET NURSE ENTERPRISES, INC., a Pennsylvania corporation, located and doing business at 1231 Fourth Avenue, Coraopolis, Pennsylvania 15108-1617, has acquired the assets of Pocket Nurse Enterprises and is desirous of acquiring said trademark, the goodwill associated therewith and the registration thereof;

NOW, THEREFORE, intending to be legally bound hereby, and for good and valuable consideration, receipt of which is hereby acknowledged, said Pocket Nurse Enterprises does hereby assign unto said Pocket Nurse Enterprises, Inc. all right, title and interest in and to the trademark and the said registration, together with the goodwill of the business symbolized by the trademark.

The assignment is executed this 31 day of August, 1998.

POCKET NURSE ENTERPRISES

By: 
Marc J. Schneiderman
Partner

COMMONWEALTH OF PENNSYLVANIA :
: ss:
COUNTY OF ALLEGHENY :

Before me, a Notary Public in and for said County and Commonwealth, personally appeared Marc J. Schneiderman who acknowledged that he is the person who executed the foregoing assignment and acknowledged it to be his free and voluntary act and deed.

Witness my hand and notarial seal this _____ day of _____, 1998.

Notary Public

(Notarial Seal)