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Form PTO-1594

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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks 100925247

attached original documents or copy thereof.

1. Name of conveying party(ies):
MyChoice Health Services, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State _____
 Other Oregon limited liability company

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

2. Name and address of receiving party(ies):
Name: MyChoice Health Services, Inc. (Applicant's successor)
Internal Address: Suite 200
Street Address: 1230 S.W. Fifth Avenue
City: Portland State: OR ZIP: 97204

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

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

Execution Date: December 31, 1996

4. Application number(s) or registration number(s):
A. Trademark Application No.(s):
75/002999

Additional numbers attached? Yes No

B. Trademark Registration Nos.:

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Lisa Oratz
Internal Address: Perkins Coie
One Bellevue Center, Suite 1800
Street Address: 411 - 108th Avenue N.E.
City: Bellevue State: WA ZIP: 98004-5584

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 duplicate 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 any attached copy is a true copy of the original document.

Lisa Oratz _____, 1998
Name of Person Signing Signature Date

12/17/1998 SSMITH 00000167 75002999
01 FC:481 40.00 DP

Total number of pages comprising cover sheet: 1

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Mail documents to be recorded with required cover sheet information to:
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Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

TRADEMARK ASSIGNMENT

WHEREAS, MyChoice Health Services, LLC, an Oregon limited liability company ("Assignor"), having its principal offices at Suite 200, 1230 S.W. Fifth Avenue, Portland, Oregon 97204, is the owner of the following United States trademark pending before the U.S. Patent and Trademark Office:


<i>Trademark</i>	<i>Serial Number</i>	<i>Filing Date</i>
MYCHOICE	75/002999	Oct. 10, 1995

WHEREAS, Assignor has agreed to transfer all of its assets to MyChoice Health Services, Inc., an Oregon corporation ("Assignee"), having its principal offices at Suite 200, 1230 S.W. Fifth Avenue, Portland, Oregon 97204, pursuant to the Agreement for Sale and Purchase of Business Assets dated December 24, 1996.

NOW, THEREFORE, for sufficient, good and valuable consideration, the receipt of which is hereby acknowledged, Assignor does hereby sell, assign and transfer to Assignee, on a worldwide basis, all right, title, and interest in, to, and under said trademark, together with the goodwill appurtenant thereto.

SIGNED as of December 31, 1996.

MyChoice Health Services, L.L.C.

By: 
Stephen A. Gregg
Managing Member

STATE OF OREGON)
) ss.
COUNTY OF MULTNOMAH)

On this 19th day of November, 1998, before me, the undersigned, a Notary Public in and for the State of Oregon, duly commissioned and sworn, personally appeared Stephen A. Gregg, the person who signed as Managing Member of MyChoice Health Services, L.L.C., the limited liability company that executed the within and foregoing instrument, and acknowledged said instrument to be the free and

voluntary act and deed of said limited liability company for the uses and purposes therein mentioned, and on oath stated that he was duly elected, qualified and acting as said Managing Member of the limited liability company, that he was authorized to execute said instrument.

WITNESS my hand and official seal hereto affixed the day and year in this certificate above written.



Patricia C Gilbert
Print Name: Patricia C Gilbert
NOTARY PUBLIC in and for the State of
Oregon residing at 30375 SE Joette Dr.
Boring OR 97009
My Commission Expires: 2-19-2002