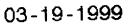
02-26-1999

U.S. Patent & TMOfc/TM Mail Ropt Dt. #58



U.S. Department of Commerce Patent and Trademark Office TRADEMARK



100988847

## MRD 2/2499

## RECORDATION FORM COVER SHEET

TO: The Commissioner of Patents and Trademarks: Submission Type	: Please record the attached original document(s) or copy(ies).  Conveyance Type			
× New	X Assignment License			
Resubmission (Non-Recordation) Document ID #  Correction of PTO Error Reel #  Corrective Document	Security Agreement Nunc Pro Tunc Assignment  Effective Date  Month Day Year  Change of Name			
Conveying Party	Other			
Name PATRICK REYNOLDS Formerly	Mark if additional names of conveying parties attached  Execution Date Month Day Year  8-17-98			
x Individual General Partnership Limited Partnership Corporation Association  Other				
Citizenship/State of Incorporation/Organiza	/			
The state of the s	ation U.S. CITIZIN			
Receiving Party	Mark if additional names of receiving parties attached			
Receiving Party  Name LEINER HEALTH PRODUCTS	Mark if additional names of receiving parties attached			
Receiving Party  Name  LEINER HEALTH PRODUCTS  DBA/AKA/TA  Composed of	Mark if additional names of receiving parties attached  S TNC.  08-24-1998  U.S. Patent & TMOTo/TM Mail Ropt Dt. #C			
Receiving Party  Name LEINER HEALTH PRODUCTS  DBA/AKA/TA  Composed of  Address (line 1) 901 East 233rd Street	Mark if additional names of receiving parties attached  S TNC.  08-24-1998  U.S. Patent & TMOTo/TM Mail Ropt Dt. #T			
Receiving Party  Name  LEINER HEALTH PRODUCTS  DBA/AKA/TA  Composed of  Address (line 1)  901 East 233rd Street  Address (line 2)	Mark if additional names of receiving parties attached  S INC.  08-24-1998  U.S. Patent & TMOfc/TM Mail Ropt Dt. #C			
Receiving Party  Name  LEINER HEALTH PRODUCTS  DBA/AKA/TA  Composed of  Address (line 1)  901 East 233rd Street  Address (line 2)	Mark if additional names of receiving parties attached  S TNC.  08-24-1998  U.S. Patent & TMOTo/TM Mail Ropt Dt. #T			

01 FC:481 40.00 CH

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) impropriately Dippy ARK Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231
REEL: 1869 FRAME: 0336

FORM PTO-1 Expires 08/30/99 OMB 0851-0027	1618B	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK	
	Representative Name and Address Enter for the first Receiving Party only.			
Name				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)				
Correspondent Name and Address Area Code and Telephone Number (213)782-7700				
Name	Michael A. Pa	inter, Esq.		
Address (line 1) Isaacman, Kaufman & Painter				
Address (line 2) 8484 Wilshire Blvd., Suite 850				
Address (line 3)				
Address (line 4)	Beverly Hills	, California 90211		
Pages	Enter the total number including any attach	er of pages of the attached conveyance doc ments.	eument # 2	
Trademark A	Application Number	er(s) or Registration Number(s) $1$	Mark if additional numbers attached	
Enter either the	e Trademark Application Nui	mber <u>or t</u> he Registration Number (DO NOT ENTER BOT		
Trac	demark Application N	umber(s) Registr	ation Number(s)	
75/260,	LO2			
Number of Properties Enter the total number of properties involved. # 1				
Fee Amoun	it Fee An	nount for Properties Listed (37 CFR 3.41):	\$ 40.00	
Deposit A		Enclosed Deposit Account X		
(Enter for p	payment by deposit account	or if additional fees can be charged to the account.)  Deposit Account Number:	# 16-0070	
		Authorization to charge additional fees:	Yes K No	
Statement a	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. Charges to deposit account are authorized, as indicated herein.				
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 Dointon	· MAI	AUgust 20, 1998	
	A Painter of Person Signing	Signature	Date Signed	

TRADEMARK REEL: 1869 FRAME: 0337 02-26-1999
U.S. Patent & TMOfc/TM Mail Rcpt Dt. #58

## ASSIGNMENT



WHEREAS, PATRICK REYNOLDS, an individual and citizen of the United States, of 1000 West Wilshire, Suite 310, Oklahoma City, Oklahoma 73116, ("Assignor"), has filed an application to register the mark PHARMACIST'S BRAND, now assigned Serial No. 75/260,102 based on an intention to use and;

WHEREAS, LEINER HEALTH PRODUCTS INC., of 901 East 233rd Street, Carson, California 90745, a corporation organized under the laws of the State of Delaware, ("Assignee"), is desirous of acquiring said mark, application and the registration to issue thereon;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, PATRICK REYNOLDS does hereby assign unto the said LEINER HEALTH PRODUCTS INC., all rights, title and interest in and to the said mark, application and registration, together with the good will of the business symbolized by the mark.

PATRICK REYNOLDS

Dated: MAY 9

RECORDED: 02/26/1999

MAP-TM-2837

TRADEMARK
REEL: 1869 FRAME: 0338