

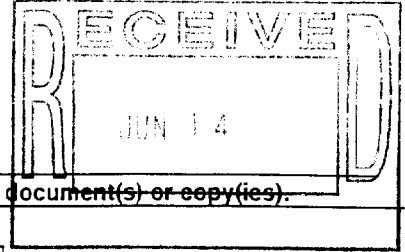
06-17-1999

NRD
6.14.99



101069338

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY



TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other *Confirmation of Assignment*

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
.05281999

Name *National Emergency Health Data Center LLC*

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other *limited liability company*
- Citizenship/State of Incorporation/Organization *Ohio*

Receiving Party

Mark if additional names of receiving parties attached

Name *Wellmed, Inc.*

DBA/AKA/TA

Composed of

Address (line 1) *1220 S.W. Morrison Street*

Address (line 2) *Suite 900*

Address (line 3) *Portland*

Oregon U.S.A.

97205

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association
- Other
- Citizenship/State of Incorporation/Organization *Oregon*

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

06/16/1999 NTHA11 00000162 75300732

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

40.00 OP
50.00 OP

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) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 001914 FRAME: 0329

Domestic 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

503-249-7066

Name

Douglas Hancock

Address (line 1)

ipsolon llp

Address (line 2)

4370 N.E. Halsey Street

Address (line 3)

Portland, Oregon 97213

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

1

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

75/308732

75/330877

75/355656

Number of Properties

Enter the total number of properties involved.

#

3

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

90.00

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

500241

Authorization to charge additional fees:

Yes

No

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. Charges to deposit account are authorized, as indicated herein.

Douglas Hancock

Doug Hancock

6/8/99

Name of Person Signing

Signature

Date Signed

CONFIRMATION OF ASSIGNMENT

WHEREAS, National Emergency Health Data Center LLC, an Ohio limited liability company having an address at suite 150, St. Paul Place, Cincinnati, Ohio ("Assignor") filed and owned the following United States trademark applications and patent application:

MEDTOUCH	June 13, 1997	75/308732
NEHDC	July 25, 1997	75/330877
NEHDC	September 12, 1997	75/355656

Method of Managing and Controlling Access to Personal Information	09/183687	October 30, 1998
---	-----------	------------------

WHEREAS, Wellmed, Inc., an Oregon corporation having a place of business at 1220 S.W. Morrison Street, Suite 900, Portland, Oregon ("Assignee"), is the successor to the business of Assignor, including that portion thereof to which said marks and patent application pertains, such business being active, ongoing and in existence, and the goodwill of the business of Assignor;

NOW, THEREFOR, Assignor hereby acknowledges and confirms that for good and valuable consideration, it sold, assigned and transferred to Assignee on March 30, 1999 and hereby transfers and assigns to Assignee nunc pro tunc effective March 30, 1999 all worldwide rights, title and interest in and to the trademark applications and patent application set forth above, together with that portion of the business of Assignor to which said trademarks and patent application pertain, and any and all goodwill of the business symbolized thereby, and all rights to bring suit for past or future infringement thereof.

Executed at Palm Beach Gds State of Florida, this 28 day of May, 1999.

National Emergency Health Data Center LLC

By: [Signature]
Name: Michael J. Rozen
Title: Managing Member

State of Florida)
County of Palm Beach) ss.

On this 28 day of May, 1999, before me personally appeared the above-named Michael J. Rozen, who being duly sworn did say that he/she is the he of National Emergency Health Data Center LLC and that the foregoing instrument was signed in behalf of said Corporation by authority of its Board of Directors, and acknowledged that said instrument is the free act and deed of said Corporation.

[Signature] Notary Public for the State of Florida
My commission Expires 9/29/00 [SEAL]

