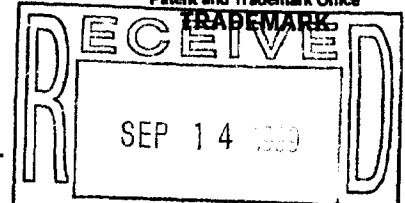


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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership
- Corporation  Association
- Other

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.)

Citizenship/State of Incorporation/Organization

09/15/1999 NTHAI1 00000234 75578508

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Mail documents to be recorded with required cover sheet(s) information to:  
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TRADEMARK

REEL: 001958 FRAME: 0857

**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

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

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

#

**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)**

<input type="text" value="75578508"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

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:

#

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.

Bobby G. Shaw

Name of Person Signing

Bobby G. Shaw

Signature

1-24-99

Date Signed

**ASSIGNMENT OF MARK AND APPLICATION**

**WHEREAS**, Northwest Health System, Inc., an Arkansas corporation, (the "Assignor"), has made application with the Patent and Trademark Office for registration of the mark "Northwest Health" and design, serial number 75578508; and

**WHEREAS**, QHG of Springdale, Inc. (the "Assignee"), is desirous of acquiring all rights to such application and such Mark thereof;

**NOW, THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, said Assignor does hereby assign unto said Assignee all right, title and interest in and to the Mark and application thereof, together with the goodwill of the business symbolized by the Mark.

By this Assignment, the Assignor recognizes that henceforth the Assignee will be the exclusive owner of the Mark and the goodwill it represents. Accordingly, the Assignor hereby agrees to refrain from using the Mark or any confusingly similar mark in the future.

The Assignor represents and warrants to Assignee that all information set forth in the application for registration of the Mark and the certificate of registration thereof, including, without limitation, the dates of first use, is correct and that Assignor has not abandoned the Mark from the respective dates of the first use until the date hereof.

**IN WITNESS WHEREOF**, the Assignor has executed this Assignment effective as of December 1, 1998.

ASSIGNOR

NORTHWEST HEALTH SYSTEM, INC.

By: Bobby D. Shaw

STATE OF Ark )  
COUNTY OF Wash )

Sworn to and subscribed before me, this 26 day of January, 1999.

Rosa Lea Davis  
Notary Public

My Commission Expires:

2-10-2006

**OFFICIAL SEAL**  
**ROSA LEA DAVIS**  
Notary Public Arkansas  
Washington County  
Expires 02/10/2006