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RECORDATION FORM COVER SHEET  
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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 # \_\_\_\_\_
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Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

Conveyance Type

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

Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name AMERICAN HEALTHCARE INSTITUTE, INC.

09101999

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization Maryland

Receiving Party

Mark if additional names of receiving parties attached

Name SC PUBLISHING, INC.

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 21 Bristol Drive

Address (line 2) \_\_\_\_\_

Address (line 3) South Easton

City

MA

State/Country

02375

Zip Code

- Individual  General Partnership  Limited Partnership  Association

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.)

- Corporation  Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization Delaware

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Mail documents to be recorded with required cover sheet(s) information to:  
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TRADEMARK  
REEL: 001995 FRAME: 0687

**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"/>	<input type="text" value="1567057"/>
<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.

Jack M. Platt

11/1/99

Name of Person Signing

Signature

Date Signed

**TRADEMARK ASSIGNMENT**

**WHEREAS, AMERICAN HEALTHCARE INSTITUTE, INC.**, a corporation organized and existing under the laws of the State of Maryland, located and doing business at 801 Wayne Avenue, Suite 200, Silver Spring, Maryland 20910 ("Assignor") is the owner of the following trademark/service mark (the "Mark") registered (the "Registrations") on the registers of the U.S. Patent & Trademark Office:

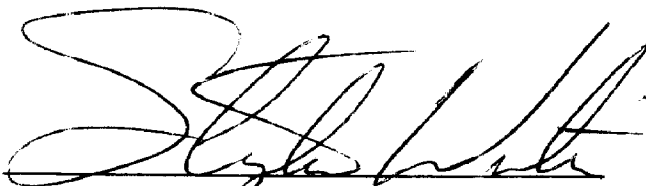
<b>Mark</b>	<b>Register</b>	<b>Reg. No.</b>	<b>Date of Issue</b>
AHI AMERICAN HEALTHCARE INSTITUTE	Principal	1,567,057	11/21/89

**WHEREAS, SC PUBLISHING, INC.**, a corporation organized and existing under the laws of the State of Delaware, located and doing business at 21 Bristol Drive, South Easton, Massachusetts 02375 ("Assignee"), desires to acquire the Mark and the Registration:

**NOW THEREFORE**, in consideration of the sum of Ten (\$10.00) Dollars and other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, Assignor hereby assigns unto Assignee all its right, title, and interest in and to the Mark and the Registration along with the goodwill of the business in connection with which the same are used, and all rights to damages or profits, due or accrued, arising out of past infringement of the same, or injury to said goodwill, and the right to sue for and recover the same in Assignee's own name.

Dated: September 10, 1999

**AMERICAN HEALTHCARE INSTITUTE,  
INC.**

by: 

Stephen Winter  
President

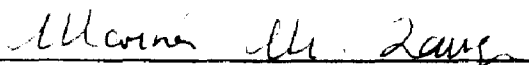
STATE OF MARYLAND )

DISTRICT OF COLUMBIA )

SS.:

COUNTY OF )

On the 10<sup>th</sup> day of September 1999, before me personally came Stephen Winter, the natural person who signed this instrument on behalf of the Maryland corporation known as American Healthcare Institute, Inc., who acknowledged that he is president of said corporation and that he signed this instrument in such capacity as a free act on behalf of said corporation at the direction of the board of directors thereof, said corporation being the corporation described in and which executed the foregoing instrument.



Notary Public

MARINA M. LAUZIÈRE  
NOTARY PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires March 14, 2001