

12-10-1999



101219409
RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

MILU
11/22/99

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

| | | | |
|--|--|--|---|
| Submission Type | | Conveyance Type | |
| <input checked="" type="checkbox"/> New | <input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____ | <input checked="" type="checkbox"/> Assignment | <input type="checkbox"/> License |
| <input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____ | <input type="checkbox"/> Corrective Document Reel # _____ Frame # _____ | <input type="checkbox"/> Security Agreement | <input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____ |
| | | <input type="checkbox"/> Merger | |
| | | <input type="checkbox"/> Change of Name | |
| | | <input type="checkbox"/> 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 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

FOR OFFICE USE ONLY

12/08/1999 TTON11 00000019 75346804

01 FC:481 40.00 DP
02 FC:482 25.00 DP

Public burden reporting for the 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: 001997 FRAME: 0111

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="75346804"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text" value="75347610"/> | <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.

Malcolm McCaleb, Jr.

11/16/99

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF TRADEMARKS

WHEREAS, Health Forum, Inc., an Illinois corporation, having its principal place of business at One North Franklin Street, Chicago, Illinois 60606-3421 ("Assignor"), is the sole and exclusive owner of the Trademarks described in the Schedule attached hereto and made a part hereof, as well as the business associated with the products to which the trademarks pertain; and

WHEREAS, American Hospital Association, an Illinois corporation, having its principal place of business at One North Franklin Street, Chicago, Illinois 60606-3421 ("Assignee"), desires to acquire the entire right, title and interest in, to and under the said Trademarks and any Registrations and Applications for Registration thereof, together with that portion of Assignor's business which has developed the products to which the Trademarks pertain;

NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00), and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, said Assignor does hereby sell, transfer, convey and assign to said Assignee the entire right, title and interest in, to and under said Trademarks and any Registrations and Applications for Registration thereof ("Trademarks"), together with the entire business and goodwill of the business associated with and symbolized by the Trademarks, together with all rights and privileges granted and secured thereby, including the right to sue and recover for any past infringement, said rights to be held and enjoyed by said Assignee, for its own use and benefit and for the use and benefit of its successors, assigns or other legal representatives as fully and entirely as the same would have been held and enjoyed by said Assignor if this Assignment and sale had not been made. Assignor further agrees to execute any and all documents and do any such further acts that shall be required in order for Assignee to secure such rights.

AND, said Assignor hereby covenants that it has full right to convey the entire interest herein assigned, along with that portion of its business which has developed the products to which the Trademarks pertain.

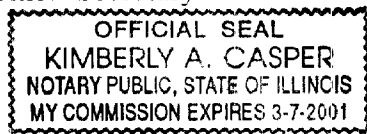
IN TESTIMONY WHEREOF, Assignor has executed this Assignment by its proper officers thereunto duly authorized, this 28th day of October, 1999 at Chicago, IL.

HEALTH FORUM, INC.

James A. Henderson

Name: James A. Henderson

Title: Secretary



Subscribed and sworn
to before me this 28th
day of October, 1999.

Kimberly A. Casper

Notary Public

ACCEPTED BY AMERICAN HOSPITAL ASSOCIATION

James A. Henderson

Name: James A. Henderson

Title: Assistant Secretary

SCHEDULE

| Mark | Appln. No. | Appln. Date |
|---------------------------|-------------------|--------------------|
| ✓ HEALTHCARE QUICKDISC | 75/346,804 | 08/08/97 |
| ✓ AHA GUIDE | 75/347,610 | 08/26/97 |