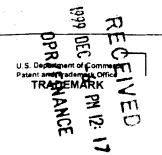
12-17-1999 FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 101225748



12.6.99 TRADE	ON FORM COVER SHEET MARKS ONLY
	Please record the attached original document(s) or copy(les).
Submission Type X New	Conveyance Type X Assignment License
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment Effective Date Morger Month Day Year
Correction of PTO Error Reel # Frame #	2 - 17-99
Corrective Document	Change of Name
Reel # Frame #	Other
Conveying Party	Mark if additional names of conveying parties attached Execution Date
Name KIRSTINE/HENDRICKS, d/b/a	VitaMinder Company 2-17-99
Formerly	
Individual General Partnership	Limited Partnership X Corporation Association
Other	
X Citizenship/State of Incorporation/Organiza	tion California
Receiving Party	Mark if additional names of receiving parties attached
Name MEDport, Inc.	
DBA/AKA/TA	
Composed of	
Address Street	
Address (line 1) 23 Acorn Street	
Address (line 2)	
Address (line 3) Providence	Rhode Island 02903
Individual General Partnership	State/Country Zip Code Limited Dorthorobin If document to be recorded is an
Coefficial a diesamp	Limited Partnership If document to be recorded is an assignment and the receiving party is
X Corporation Association	assignment and the receiving party is not domiciled in the United States, an appointment of a domestic
	assignment and the receiving party is not domiciled in the United States, an
X Corporation Association	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.)
X Corporation Association Other X Citizenship/State of Incorporation/Organiza	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.)
X Corporation Association Other X Citizenship/State of Incorporation/Organiza	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.) tion Rhode Island

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 Africa, Office of Management and Budget, Paperwork Reduction Project (0551-0027), Washington, D.C. 20503 DMB Quinformation Collection Budget Package 0551-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS fund Ref. 16/1999

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: 001999 FRAME: 0718

FORM P10-1018B Page 2 Patent and Tr	ent of Commerce rademark Office DEMARK		
Domestic Representative Name and Address Enter for the first Receiving Party only.			
Name Raymond M. Mehler			
Address (line 1) Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.			
Address (line 2) 200 West Adams Street, Suite 2850			
Address (line 3) Chicago, Illinois 60606			
Address (line 4)			
Correspondent Name and Address Area Code and Telephone Number 312-236-8500			
Name As above			
Address (line 1)			
Address (line 2)			
Address (line 3)			
Address (line 4)			
Pages Enter the total number of pages of the attached conveyance document #			
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)			
1,127,343 [1,080,388] [1,090,565]			
1,096,786			
Number of Properties Enter the total number of properties involved. # 4			
For Amount			
Method of Payment: Enclosed X 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 forest in the section in the			
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.			
Raymond M. Mehler Cynord Mloha 12-01-99			
Name of Person Signing Signature Date S	igned		

TRADEMARK REEL: 001999 FRAME: 0719

TRADEMARK ASSIGNMENT

WHEREAS, KIRSTINE/HENDRICKS, d/b/a VitaMinder Company (hereafter "Assignor"), a California corporation, has adopted, is using, has used, and is the owner of all right, title and interest in and to those trademarks set forth on Exhibit A attached hereto and the associated registrations and applications for registration therefor (hereafter the "Marks"); and

WHEREAS, MEDPORT, INC. (hereafter "Assignee"), a Rhode Island corporation, desires to acquire all right, title and interest in and to the Marks.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor does hereby grant, assign and set over to Assignee, its successors, assigns and legal representatives, the entire right, title and interest in and to the Marks, together with the goodwill of the business symbolized by the Marks.

Assignor also assigns unto Assignee all claims for damages by reason of past infringement of the Marks, with the right to sue for and collect the same for its own use and benefit, and for the use and benefit of its successors, assigns and other legal representatives.

IN WITNESS WHEREOF, Assignor has caused its duly authorized representative to execute this Trademark Assignment as of the 1st day of February, 1999.

KIRSTINE/HENDRICKS, d/b/a
VitaMinder Company, a California
Corporation

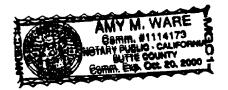
ву:__

lts:

TRADEMARK REEL: 001999 FRAME: 0720

STATE OF CALIFORNIA COUNTY OF Buttc

On this The day of the policy of the president of the Dale Kirstine, to me known and known to me to be the President of Kirstine/Hendricks, d/b/a VitaMinder Company, a California corporation, the Assignor above named, and acknowledged that he executed the foregoing assignment on behalf of said Assignor and pursuant to authority duly received.



MEDport-VitaMinder-Trademark Assignment-Kinstine-Hendricks.wpd

EXHIBIT A

VitaMinder Pocket-Pack U.S. Reg. No. 1080388

U.S. Reg. No. 1090565

Vitamin Chest

U.S. Reg. No. 1096786 and 1127543

Organizer Healthminder

RECORDED: 12/06/1999

Vitabin

TRADEMARK REEL: 001999 FRAME: 0722