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FORM PTO-1618A  Expres 06/30/99  OMB 0651-0027  FORM PTO-1618A	U.S. Department of Commerce Patent and Trademark Office
ОМВ 0651-0027	UU TRADEMARK
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PECON: 7	COVER SHEET
TRADE	EMARNS ONLY
TO: The Commissioner of Patents and Trademarks	: Please record the attached original document(s) or copy(ies).
Submission Type  New	Conveyance Type Assignment License
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignmen
Correction of PTO Error	Merger Effective Date Month Day Year
Reel # Frame #	Change of Name
Corrective Document Reel # Frame #	Other Release
Conveying Party	) Other
	Mark if additional names of conveying parties attached Execution Date Month Day Year
Name Jackson National Life Insurance Com	mpany 12 16 99
Formerly	
Individual General Partnership	
Motividual Collegal Pattiership	[ [ [ [ [ ] ] ] ] ] [ [ ] [ ] [ ] [ ] [
	Limited Partnership Corporation Association
Other	Limited Partnership  Corporation  Association
Other  Citizenship/State of Incorporation/Organiza	
Citizenship/State of Incorporation/Organiza	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of	ntion Michigan
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn	Minnesota  State/Country  Michigan  Michigan  Michigan  Mark if additional names of receiving parties attached  Minnesota  55445  Zip Code
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn	Minnesota  State/Country  Limited Partnership  Michigan  Michigan  Michigan  Michigan  Michigan  Michigan  Additional names of receiving parties attached  Minnesota  State/Country  If document to be recorded is an assignment and the receiving party is
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn	Minnesota State/Country Limited Partnership  Michigan  Michigan  Mark if additional names of receiving parties attached  Minnesota  55445  Zip Code  If document to be recorded is an
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City  Individual General Partnership  Corporation Association	Minnesota  State/Country 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.
Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City  Individual General Partnership  Corporation Association	Minnesota  State/Country  Limited Partnership  If document to be 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/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City  Individual General Partnership  Corporation Association  Other  Citizenship/State of Incorporation/Organizat	Minnesota  State/Country  Limited Partnership  Limited Partnership  Minnesota  State/Country  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/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City  Individual General Partnership  Corporation Association  Other  Citizenship/State of Incorporation/Organizate  CONTONI 00000231 1627038  FOR	Minnesota  State/Country  Limited Partnership  If document to be 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/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City  Individual General Partnership  Corporation Association  Other  Citizenship/State of Incorporation/Organizat	Minnesota  State/Country  Limited Partnership  Limited Partnership  Minnesota  State/Country  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.)
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Citizenship/State of Incorporation/Organiza Receiving Party  Name Medical Arts Press, Inc.  DBA/AKA/TA  Composed of  Address (line 1) 8500 Wyoming Avenue North  Address (line 2)  Address (line 3) Brooklyn  City Individual General Partnership  Corporation Association  Other  Citizenship/State of Incorporation/Organizat  Control 1 00000231 1627038  Public burden reporting for this collection of information is estimated to average gathering the data needed to complete the Cover Sheet. Send comments regarding to C. 20231 and to the Office of Information and Regulatory Affeirs. Office of Management (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Minnesota  State/Country  Limited Partnership  Limited Partnership  Minnesota  State/Country  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.)

FORM PTO- Expires 06/30/99 OMB 0651-0027	-1618B Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
Domestic R	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 (212) 735-4133				
Name	James Talbot			
Address (line 1)	Skadden, Arps, Slate, Meagher & Flom LLP			
Address (line 2)	Four Times Square			
Address (line 3)	New York, New York 10036-6522			
Address (line 4)				
Pages Enter the total number of pages of the attached conveyance document # 3				
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)				
ITA	1627038 1631547			
•				
Nember of				
Number of Properties Enter the total number of properties involved. # 2				
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 65.00				
Method of Payment: Enclosed 🗾 Deposit Account 🗹 Deposit Account				
(Enter for p	payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: #	19-2385		
	Authorization to charge additional fees: Yes	No 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.				
James	Talbot Mala	12/00		
Name of Person Signing Signature Date Signed				

## RELEASE (TRADEMARK)

THIS RELEASE (TRADEMARK) is given as of this <u>16</u> day of December, 1999 by Jackson National Life Insurance Co., a Michigan corporation ("Assignor"), to Medical Arts Press, Inc., a Minnesota corporation ("Assignee"), as follows:

WHEREAS, Assignor and Assignee entered into a Trademark Security Interest, dated as of February 29, 1996 (the "Trademark Security Agreement"), which was recorded in the United States Patent and Trademark Office on March 22, 1996 at Reel 1447, Frame 0019, pursuant to which Assignee granted to Assignor a continuing security interest in each trademark, trademark registration and trademark application referred to in Schedule A-1 thereto, and identified in Exhibit A to this Release, (the "Marks"), all of the goodwill of the business connected with the use of, and symbolized by each such Mark, and all proceeds of the foregoing, including without limitation any claim by Assignor against third parties for damages for reason of past, present or future infringement of any Mark listed in Schedule A-1 thereto or by reason of injury to the goodwill associated with such Mark, in each case together with the right to sue for and collect said damages (collectively, the "Trademark Security Collateral") to secure performance of all Senior Secured Obligations of Assignee as set forth in that certain Intellectual Property Security Agreement dated as of February 29, 1996 between Assignor and Assignee (the "IP Security Agreement").

WHEREAS, Assignee has fully paid all its Senior Secured Obligations under the Trademark Security Agreement and Assignor desires to release its continuing security interests in and liens upon the Trademark Security Collateral;

WHEREAS, Assignor and Assignee entered into a Trademark Collateral Agreement, dated as of February 29, 1996 (the "Trademark Collateral Agreement"), which was recorded in the United States Patent and Trademark Office on March 22, 1996 at Reel 1447, Frame 0037, pursuant to which Assignee granted to Assignor a continuing security interest in each trademark, trademark registration and trademark application referred to in Schedule A-1 thereto, and identified in Exhibit A to this Release, (the "Marks"), all of the goodwill of the business connected with the use of, and symbolized by each such Mark, and all proceeds of the foregoing, including without limitation any claim by Assignor against third parties for damages for reason of past, present or future infringement of any Mark listed in Schedule A-1 thereto or by reason of injury to the goodwill associated with such Mark, in each case together with the right to sue for and collect said damages (collectively, the "Trade-

mark Collateral") to secure performance of all Senior Secured Obligations of Assignor as set forth in the IP Security Agreement.

WHEREAS, Assignee has fully paid all its Senior Secured Obligations under the Trademark Collateral Agreement and Assignor desires to release its continuing security interests in and liens upon the Trademark Collateral;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby releases its security interest in and lien upon the Trademark Security Collateral and the Trademark Collateral and reassigns any and all interest it may have in such Trademark Security Collateral and the Trademark Collateral to Assignee and releases Assignee from any and all obligations under the Trademark Security Agreement and Trademark Collateral Agreement.

IN WITNESS WHEREOF, Assignor has caused this RELEASE (TRADEMARK) to be duly executed by its officer thereunto duly authorized as of this 16 day of December, 1999.

JACKSON NATIONAL LIFE INSURANCE COMPANY

By: PPM America, Inc., its agent

Bv:

David Brett, Managing Director

STATE OF ILLINOIS )
) SS.
COUNTY OF COOK )

On this <u>15</u> day of December, before me personally appeared David Brett known to me to be the individual who executed the foregoing instrument and acknowledged to me that he executed the same as the duly authorized officer of PPM America, Inc.

OFFICIAL SEAL ALMA R DIAZ

MY COMMISSION EXPIRES:02/22/03

Notary Public

## EXHIBIT A TO RELEASE

MARK	DATE REGISTERED	REG. NO.
Medical Arts Press	December 11, 1990	1,627,038
MAP	January 15, 1991	1,631,547

TRADEMARK
RECORDED: 01/13/2000 REEL: 002020 FRAME: 0287