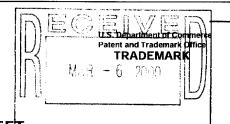
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FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 04-11-2000



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RECORDATION FORM COVER SHEET

	EMARKS ONLY
	s: Please record the attached original document(s) or copy(ies).
Submission Type	Conveyance Type Assignment License
New	Assignment License
Resubmission (Non-Recordation)	Security Agreement Nunc Pro Tunc Assignment
Document ID #	Effective Date
Correction of PTO Error	Merger Month Day Year 02 22 2000
Reel # Frame #	Change of Name
Corrective Document Reel # Frame #	
	X Other Termination of Security Agreement
Conveying Party	Mark if additional names of conveying parties attached Execution Date Month Day Year
Name Petra Capital, LLC	02 22 200
Formerly	
Formerly	
Individual General Partnership	Limited Partnership Corporation Association
X Other Limited Liability Company	V
X Other Limited Liability Company	у
Citizenship/State of Incorporation/Organiz	zation Georgia
Citizenship/State of Incorporation/Organiz	zation Georgia
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp.	zation Georgia
Citizenship/State of Incorporation/Organiz	zation Georgia
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp.	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) 25 Corporate Drive Address (line 2) Suite 310	Mark if additional names of receiving parties attached
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) 25 Corporate Drive Address (line 2) Suite 310 Address (line 3) Burlington City	MAA State/Country Mark if additional names of receiving parties attached MA O1803 Zip Code
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) 25 Corporate Drive Address (line 2) Suite 310 Address (line 3) Burlington	MAA State/Country Mark if additional names of receiving parties attached MA O1803 Zip Code
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) Suite 310 Address (line 2) Burlington City Individual General Partnership	Mark if additional names of receiving parties attached MA O1803 Zip Code Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) 25 Corporate Drive Address (line 2) Suite 310 Address (line 3) Burlington City	Mark if additional names of receiving parties attached MA 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/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) Suite 310 Address (line 2) Burlington City Individual General Partnership	Mark if additional names of receiving parties attached MA O1803 Zip Code 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
Citizenship/State of Incorporation/Organiz Receiving Party Name HealthGate Data Corp. DBA/AKA/TA Composed of Address (line 1) Suite 310 Address (line 2) Burlington City Individual General Partnership X Corporation Association	MA State/Country Limited Partnership Limited Partnership If document to be recoving 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.)

Public burden reporting for this 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: 002047 FRAME: 0142

FORM PTO-1 Expires 06/30/99 OMB 0651-0027	618B	Page 2	U.S. Department of Commerce Patent and Trademark Office TRADEMARK		
Domestic Representative Name and Address Enter for the first Receiving Party only.					
Name					
Address (line 1)			MAN - 6 70 M		
Address (line 2)					
Address (line 3)					
Address (line 4)					
Correspondent Name and Address Area Code and Telephone Number					
Name	Carol R. Kirchick, Es	. p.			
Address (line 1) Rich, May, Bilodeau & Flaherty, P.C.					
Address (line 2) 176 Federal Street					
Address (line 3)	Address (line 3) Boston, Massachusetts 02110				
Address (line 4)					
Pages Enter the total number of pages of the attached conveyance document # 1					
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).					
Trac	lemark Application Number		stration Number(s)		
		2041406	2172312		
		2051571			
		2188784			
Number of I	Properties		#		
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 115.00					
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 foregoing information is true and correct and any attached copy is a true copy of the original doptiment. Charges to deposit account are authorized, as					
	cated herein. Kirchick, Esq.	Che R Kuli	2-29. Low		
	of Person Signing	Signature	Date Signed		

TRADEMARK REEL: 002047 FRAME: 0143

TERMINATION OF TRADEMARK AND PATENT SECURITY AGREEMENT

Reference is made to that certain Trademark and Patent Security Agreement dated as of March 26, 1998 (the "Agreement") made by HealthGate Data Corp. ("Grantor") in favor of Petra Capital, LLC ("Lender"). Capitalized terms that are not otherwise defined herein shall have the meanings ascribed them in the Agreement.

In consideration of the full, unconditional and indefeasible payment to Lender of the entire indebtedness under the Loan Agreement, Lender hereby terminates the Agreement and any security interests granted in the Collateral thereunder, and releases any and all interest Lender has in the Collateral.

Executed as a document under seal as of 22 day of February, 2000.

PETRA CAPITAL, LLC

Petra Capital Management, LLC, By: Manager

By: Joseph D. O'Brien III

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RECORDED: 03/06/2000

TRADEMARK REEL: 002047 FRAME: 0144