

04-20-2000

NET Patent and Trademark Office

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To the Honorable Commissioner of Patents and

documents or copy thereof.

Address of receiving party:

1. **Submission Type**

New

Resubmission (Non-Recordation)

Document ID # _____

Correction of PTO Error Reel # _____ Frame # _____

Corrective Document

Reel # _____ Frame # _____

Name: **National Healthcare Resources, Inc.**

DBA/AKA/TA: _____

Address: **711 Westchester Avenue**

City: **White Plains** State: **NY** Zip: **10604**

Individual Corporation

Association Limited Partnership

General Partnership Other

3. **Name of Conveying Party:**

Name: **Baseline Medical, Inc.**

Formerly: _____

Execution Date- MONTH DAY YEAR

03 03 00

Citizenship/State of Incorporation

Delaware

Additional name(s) of receiving parties attached Yes: No

Individual(s) Association

General Partnership Limited Partnership

Corporation Other _____

Citizenship/State of Incorporation/Organization:

New York

Additional name(s) of conveying parties attached? Yes No

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4. **Conveyance Type:**

Assignment Merger License

Security Agreement Change of Name Nunc Pro Tunc Assignment

Other _____

Effective Date: _____ (if nunc pro tunc assignment)

If assignee is not domiciled in the United States, a domestic representative designation is attached:

Yes No

(Designations must be a separate document from Assignment)

5. Application number(s) or registration number(s):

A. Trademark Application No.(s) **75/886738**

Additional numbers attached? Yes No

B. Trademark registration No.(s)

6. Name and address of party to whom correspondence concerning document should be mailed (and Domestic Representative Address, if applicable):

Name: **John C. Lettera, Esq.**

MILBANK, TWEED, HADLEY & McCLOY LLP

Address: **One Chase Manhattan Plaza**

City: **New York** State: **NY** Zip: **10005**

Area Code and Telephone No: **212-530-5316**

7. Total number of applications and registration involved: **1**

8. Total fee (37 CFR 3.41): \$ _____

Enclosed

Authorized to be charged to deposit account

9. Deposit account number:

13-3250

Authorized to charge additional fees Yes No

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10. 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.

Janis Nici _____

Name of Person Signing _____ Signature

Total number of pages: _____ in cover sheet: **1**

Janis Nici

03-08-00 Date

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Mail Documents to Commissioner of Patents and Trademarks, Box Assignments, Washington DC 20231

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TRADEMARK ASSIGNMENT

WHEREAS, Baseline Medical, Inc., a business corporation existing under the laws of the State of New York, with its principal place of business at 10 East 38th Street, 9th Floor, New York, New York 10016, has adopted, is using, and has applied for federal trademark registration on the Principal Register of the United States Patent and Trademark Office the following trademark (the "Mark") in connection with various goods and services:

<u>Trademark</u>	<u>Filing No.</u>
Baseline	75/886738

; and

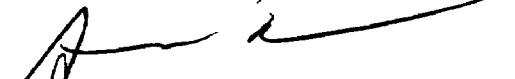
WHEREAS, National Healthcare Resources, Inc., a business corporation existing under the laws of the State of Delaware, with its principal place of business at 711 Westchester Avenue, White Plains, New York, 10604, desires to acquire the Mark and the above-referenced application for federal trademark registration;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Baseline Medical, Inc. hereby sells, assigns and transfers to National Healthcare Resources, Inc. all right, title and interest in and to the Mark, together with the goodwill of the business symbolized by the Mark, and the application for federal trademark registration thereof, pursuant to the Asset Purchase Agreement between the parties dated March 3, 2000.

The undersigned have executed this trademark assignment agreement this 3rd day

of March, 2000.

BASELINE MEDICAL, INC.


By:  _____

President


By:  _____

Vice President

NATIONAL HEALTHCARE RESOURCES, INC.

By:  _____

President

By:  _____

Vice President

SUBSCRIBED and SWORN to before me this 3RD of MARCH 2000.

Notary Public

My Commission Expires:



PAUL D. SQUIRE
Notary Public, State of New York
No. 31-4961769
Qualified in New York County
Commission Expires Feb. 5, 192000