Form PTD-1594 RECORDATION FORM	1 COVER SHEET U.S. Department of Commerce	
(Ref. 6-93)	Patent and Trademark Office	
OMB No. 0651-0011 (exp. 4/94)	-06-2000	
To the Honorable Commissioner of Patents a ginal documents or copy thereof.		
MRD 5/15/C 10	1374857	
Name of conveying party(ies):	2. Name and address of receiving party(ies): P	
MID-MISSOUR! HEALTHCARE SOURCE, INC.	Name: HUBBELL INCORPORATED	
[] Individual(s) [] Association [] General Partnership [] Limited Partnership	Internal Address: 584 Dorby Milford Bood	
[X] Corporation-State - MISSOURI	Street Address: <u>584 Derby Milford Road</u>	
Additional name(s) of conveying party(ies) attached? [] Yes [X] No	City: <u>Orange.</u> State: <u>CT</u> ZIP: <u>06477</u>	
	[] Individual(s) citizenship	
3. Nature of conveyance:	[] Association	
o. Natare or conveyance.	[] General Partnership	
[X] Assignment [] Merger	[X] Corporation -State CONNECTICUT	
[] Security Agreement [] Change of Name	[] Other	
[] Other	If assignee is not domiciled in the United States, a domestic	
Evenution Date: March 2, 2002	representative designation is attached: [] Yes [] No	
Execution Date: March 3, 2000	(Designations must be a separate document from assignment)	
	Additional name(s) & address(es) attached? [] Yes [X] No	
4. Application number(s) or registration numbers(s):	I	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)	
	1,791,071	
A dditional musch are attached	C. L. Man, C. L. Man	
Additional numbers attached? 5. Name and address of party to whom correspondence	6. Total number of applications and registrations	
concerning document should be mailed:	involved:	
Name: Nancy E. Dale	7. Total fee (37 CFR 3.41)\$ 40.00	
Internal Address:	[X] Enclosed	
Hubbell Incorporated	[] Authorized to be charged to deposit account	
Street Address: 584 Derby Milford Road		
P.O. Box 549	8. Deposit account number: 08-0926	
City: Orange, State: CT ZIP: 06477	(Attach duplicate copy of this page if paying by deposit account)	
00 DNGUYEN 00000088 1791071 DO NOT USE	THIS SPACE	
1 40.00 UP)		
9. 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. One of the original document.		
Richard W. Davies Name of Person Signing April / 9, 2000 Signature Date		
Total number of pages including cover sheet, attachments and document: [3]		
1 0		

TRADEMARK REEL: 002083 FRAME: 0957

TRADEMARK ASSIGNMENT

FOR and in consideration of One Dollar (\$1.00) to it in hand paid, and other good and valuable consideration, the receipt and sufficiency whereof are hereby acknowledged and confessed, the undersigned, MID-MISSOURI HEALTHCARE SOURCE, INC, a corporation of the State of Missoouri having a business address of P.O. Box 239, Centralia, MO 65240, does hereby sell, assign, transfer and set over unto HUBBELL INCORPORATED, a corporation of the State of Connecticut, having its principal office and place of business at 584 Derby Milford Road, Orange, Connecticut, its successors and assigns, the entire right, title and interest in and to the following trademark and trademark registration:

Req. No.	<u>Issue Date</u>	<u>Trademark</u>
1,791,071	08/31/93	THE SOURCE

together with the good will and the entire business in connection with which said trademark has been and is being used, and together with the right to sue and recover for any past infringements thereof.

By way of extension and not in limitation, this assignment is intended to and does hereby convey unto the said HUBBELL INCORPORATED all the right, title and interest of said MID-MISSOURI HEALTHCARE SOURCE, INC. in and to the trademark, in the United States of America or any country foreign thereto, or any interest therein of which it may now be possessed, and said MID-MISSOURI HEALTHCARE SOURCE, INC. hereby further agrees to execute all proper papers and documents, prepared at the expense of assignee herein, necessary or required by assignee to make fully effective and complete title to said trademark in said HUBBELL INCORPORATED.

IN WITNESS WHEREOF, the undersigned, MID-MISSOURI HEALTHCARE SOURCE, INC., has caused these presents to be executed in its name, by its proper officer, duly authorized as of the 3 day of March , 2000.

MID-MISSOURI HEALTHCARE SOURCE, INC.

y James F. Corl

STATE OF MISSOURI

COUNTY OF BOONE

On this day of March, 2000, personally appeared before me ______, of MID-MISSOURI HEALTHCARE SOURCE, INC., who executed the foregoing instrument and severally acknowledged the execution and delivery thereof as his free and voluntary act and deed, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Notary Public

Seal

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REEL: 002083 FRAME: 0959