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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
Allina Health System

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Minnesota nonprofit corporation

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
Name: Metropolitan Medical Center, L.L.C.

Internal Address: _____

Street Address: 603 East 12th Street

City: Des Moines State: IA ZIP: 50309

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company

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)
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: October 12, 2000

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)

B. Trademark registration No.(s)
1379708

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: G. Brian Pingel

Internal Address: _____

Street Address: 3737 Woodland Avenue
Suite 437

City: West Des Moines State: IA ZIP: 50266

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41):..... \$ 40.00

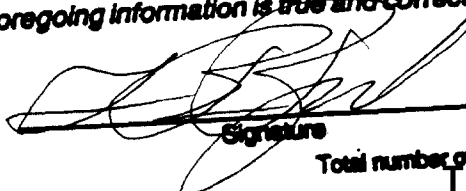
Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: _____

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

G. Brian Pingel  October 26, 2000
Name of Person Signing Signature Date

Total number of pages comprising cover sheet: 2 pgs.

TRADEMARK
REEL: 002173 FRAME: 0936

ASSIGNMENT

WHEREAS, ALLINA HEALTH SYSTEM, a not for profit Minnesota corporation, having its principal offices at 5601 Smetana Drive, Minnetonka, Minnesota 55343 is the successor in interest by merger and change of name to Health One Corporation and is the owner of the trademark "Metropolitan Medical Center" and United States Trademark Registration No. 1,379,708 for such mark,

WHEREAS, METROPOLITAN MEDICAL CENTER, L.L.C., an Iowa corporation, having its principal offices at 603 East 12th Street, Des Moines, Iowa 50309, is desirous of acquiring said registered trademark,

NOW, THEREFORE, in consideration of the sum of \$7,000.00 and other good and valuable consideration, the receipt of which is hereby acknowledged, ALLINA HEALTH SYSTEM hereby assigns to METROPOLITAN MEDICAL CENTER, L.L.C. all rights, title and interest that it has in and to said trademark and said registration therefore, together with the goodwill of the business symbolized by said trademark and the registration thereof and agrees to sign any other documents, if necessary, to transfer said registration to METROPOLITAN MEDICAL CENTER, L.L.C.

ALLINA HEALTH SYSTEM

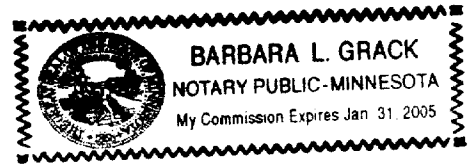
By: 

Title: Senior Vice President

STATE OF MINNESOTA)
COUNTY OF Hennepin) ss:

On this 12 day of October, 2000, before me, the undersigned, a Notary Public in and for the State of Minnesota, personally appeared Mark G. Mishek to me known to be the person named in and who executed the foregoing instrument, and acknowledged that he executed the same as his voluntary act and deed.

Barbara L. Grack
Notary Public in and for said State.



Assignment Metro Medical Center