

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

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06-14-2000

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- New
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#### Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
06/08/2000

#### Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year  
06-08-00

Formerly

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other
- Citizenship/State of Incorporation/Organization

#### Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

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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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**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

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Address (line 4)

**Correspondent Name and Address**

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Name

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**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**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)		
<input type="text" value="75/512,741"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) #

Authorization to charge additional fees: Yes  No

**Statement and Signature**

Express Mail Number: EL498518875US

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.

Anne S. Mason  
Name of Person Signing



Signature

June 8, 2000  
Date Signed

**ASSIGNMENT OF SERVICE MARK APPLICATION**

Whereas Emedicine, Inc., a Nebraska Corporation, of 237 South 70th Street, Suite 206, Lincoln, NE 68510, has adopted and is using mark for which said assignor has filed an application in the United States Patent and Trademark Office for application number 75/512,741; and

Whereas Emedicine.com, Inc., a Delaware corporation, of 875 Pasadena Avenue, South Pasadena, Florida, 33707, is desirous of acquiring said mark:

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged, said Emedicine, Inc., a Nebraska Corporation, of 237 South 70th Street, Suite 206, Lincoln, NE 68510 does hereby assign unto the said Emedicine.com, Inc., a Delaware corporation, of 875 Pasadena Avenue, South Pasadena, Florida, 33707, all right, title and interest in and to the said mark, together with the good will of the business symbolized by the mark, and the above identified application of said mark.

The Commissioner of Patents and Trademarks is requested to issue the certificate of registrations to said assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and rather that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any registration resulting therefrom.

Emedicine, Inc.  
By: Scott H. Plantz  
Scott H. Plantz, M.D.

SUBSCRIBED and SWORN to before me this 8th day of  
June, 2000, at Pinellas County,  
Florida.

Anne S. Mason  
Notary Public  
My Commission Expires:

