

11-29-2000



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11.9.00

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

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)

Address (line 2)

Address (line 3)

- Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

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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PC:481 11.9.00 34

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TRADEMARK
REEL: 002182 FRAME: 0761

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

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Pages

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

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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)

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.)

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 document. Charges to deposit account are authorized, as indicated herein.

Laura J. Hein

Laura J. Hein 11/2/00

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF TRADEMARK REGISTRATION

WHEREAS, **CHRONIMED INC.** ("Assignor"), a Minnesota corporation, with principal offices located at 10900 Red Circle Drive, Minnetonka, Minnesota 55343, has adopted, used, and is using the mark **HAEMOLANCE**, registered in the United States Patent and Trademark Office, identified as follows:

Registration No.	Mark	Registration Date
1,902,585	HAEMOLANCE	July 4, 1995

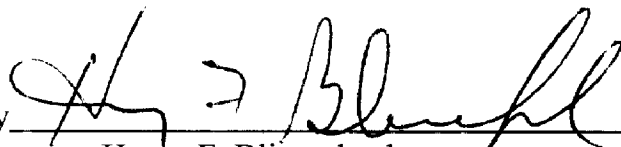
and

WHEREAS, **ARTA PLAST AB** ("Assignee"), a Swedish corporation with principal offices located at Antennvagen 1A, S-135 48 Tyreso, Sweden, is desirous of acquiring said mark and the registration thereof;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, said Chronimed Inc. does hereby assign to Arta Plast AB 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 registrations thereof identified above.

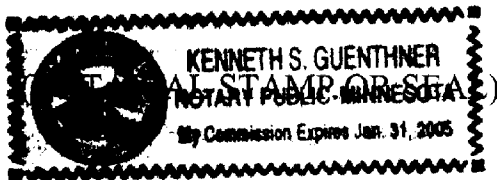
CHRONIMED INC.

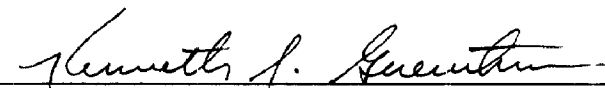
Date: 10/30, 2000

By 
 Name: Henry F. Blissenbach
 Title: Chief Executive Officer

STATE OF MINNESOTA)
) ss.
 COUNTY OF HENNEPIN)

The foregoing was acknowledged before me this 30th day of October, 2000, by Henry F. Blissenbach, Chief Executive Officer of Chronimed Inc., a corporation under the laws of Minnesota, on behalf of the corporation.




 Signature of person taking Acknowledgment

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