

12.7.00

FORM PTO-1618A
Expires 03/30/99
OMB 0651-0027

12-26-2000

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



101561446

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

280754-00011

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

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____
		<input type="checkbox"/> Merger	
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other _____	

Conveying Party Mark if additional names of conveying parties attached

Name Select Medical of Maryland, Inc. Execution Date
Month Day Year
11202000

Formerly _____ 2043359

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization _____

Receiving Party Mark if additional names of receiving parties attached

Name SelectMark, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 103 Foulk Road

Address (line 2) Suite 232

Address (line 3) Wilmington Delaware / United State 19803
City State/Country Zip Code

Individual General Partnership Limited Partnership 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.)

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization _____

FOR OFFICE USE ONLY

12/22/2000 GT0N11 00000206 2043359
01 FC:481 40.00)OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002199 FRAME: 0471

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)

Address (line 4)

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,043,359"/>	<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.)

Deposit Account Number:

#

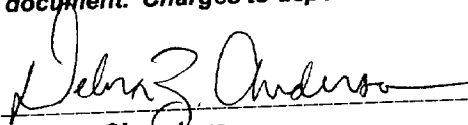
Authorization to charge additional fees:

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.

Debra Z. Anderson



12-5-2000

Name of Person Signing

Signature

Date Signed

TRADEMARK ASSIGNMENT

WHEREAS, Select Medical of Maryland, Inc., a Delaware Corporation, has adopted and/or used and is using the mark "REHABSOLUTIONS" which is the subject of federal trademark Registration No. 2,043,359, registered March 11, 1997 (referred to hereinafter as the "Mark"); and

WHEREAS SelectMark, Inc., a Delaware Corporation having a principal place of business at 103 Foulk Road, Suite 232, Wilmington, Delaware 19803 (referred to hereinafter as the "Assignee"), desires to acquire the Mark and the registration therefor;

NOW, THEREFORE, in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor hereby assigns to Assignee all of its right, title and interest in and to the Mark and the registration therefor, together with the goodwill of the business symbolized by the Mark.

IN WITNESS WHEREOF, Assignor has caused this instrument to be executed by its duly authorized officer this 20th day of November, 2000.

SELECT MEDICAL OF MARYLAND, INC.

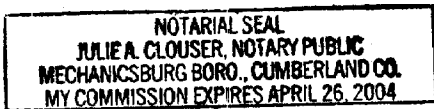
By: *Michael E. Tarvin*
[Signature]

Michael E. Tarvin
Vice President and Secretary

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF Cumberland :

On this 20th day of November, 2000, before me, a Notary Public, personally appeared **MICHAEL E. TARVIN** to me known and known to me to be the person who signed the foregoing instrument.

Julie A. Clouser
Notary Public



[NOTARIAL SEAL]