

01-02-2001

12-15-00

OFFICE



Docket No. 14039.0001
.0010

101568433

TRADEMARK RECORDATION FORM COVER SHEET

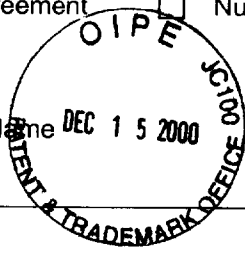
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

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
12 12 2000
- Merger
- Change of Name
- Other



Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
12 12 2000

Name CareCompass Solutions, Inc. (by change of name from HealthMagic, Inc.)

Formerly _____

75619628

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

Receiving Party

Mark if additional names of receiving parties attached

Name HealthCompass Holdings, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1501 Main Street

Address (line 2) _____

Address (line 3) Columbia

South Carolina

29201

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 Delaware

FOR OFFICE USE ONLY

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

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

202-663-8000

Name Kathy J. McKnight
 Address (line 1) 2300 N Street, NW
 Address (line 2) Washington, D.C. 20037-1128
 Address (line 3) _____
 Address (line 4) _____

Pages

Enter the total number of pages of the attached conveyance document including any attachments. # 1

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)
<u>75/619628</u> _____	_____
_____	_____
_____	_____

Number of Properties

Enter the total number of properties involved. # 1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

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.

Kathy J. McKnight
Name of Person Signing

Kathy J. McKnight
Signature

12/15/00
Date Signed

ASSIGNMENT

WHEREAS, CARECOMPASS SOLUTIONS, INC. (by change of name from HealthMagic, Inc.), a Delaware corporation, having an address of 1501 Main Street, Columbia, South Carolina 29201 (hereinafter "ASSIGNOR") adopted, used and is using the mark HEALTHCOMPASS for a controlled access subscriber service which maintains databases of patient health information, provides personalized health information to subscribers and provides information on health plans to consumers and providers of medical services and is the record owner of the United States Service Mark Application Serial No. 75/619628 to register said mark.

WHEREAS, HEALTHCOMPASS HOLDINGS, INC., a Delaware corporation, having an address of 1501 Main Street, Columbia, South Carolina 29201 (hereinafter "ASSIGNEE"), is desirous of acquiring all rights, title and interest in and to the said service mark, the goodwill symbolized thereby, and the United States Service Mark Application to register said mark.

NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, ASSIGNOR hereby sells, assigns, transfers and conveys to ASSIGNEE all rights, title and interest in and to the service mark HEALTHCOMPASS, the goodwill symbolized thereby, and the Service Mark Application thereof.

CARECOMPASS SOLUTIONS, INC.

By: [Signature]

Title: VICE PRESIDENT

STATE OF CALIFORNIA)
) : ss:-
COUNTY OF SAN DIEGO)

Signed before me this 12TH day of DECEMBER, 2000.

[Signature]
Notary Public

My commission expires: MARCH 13, 2004
TRADEMARK



SEAL

RECORDED: 12/15/2000

REEL: 002203 FRAME: 0852