

04-20-2001



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APR - 2001

280754-00036

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 RehabClinics, Inc.

Execution Date
Month Day Year
03282001

Formerly _____

1896906

- 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 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

- 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

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: 002275 FRAME: 0799

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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text" value="1,886,806"/>	<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

4/2/2001

Name of Person Signing

Signature

Date Signed

TRADEMARK ASSIGNMENT

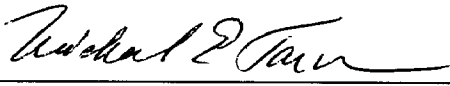
WHEREAS, RehabClinics, Inc., a Delaware Corporation, has adopted and/or used and is using the mark "REHAB PROVIDER NETWORK" which is the subject of federal trademark Registration No. 1,886,806, registered March 28, 1995 (referred to hereinafter as the "Mark"); and

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 _____ day of _____, 2001.

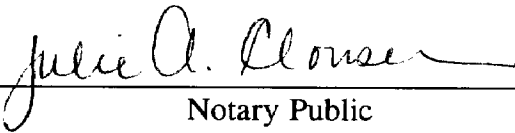
RehabClinics, Inc.

By: 
[Signature]

Michael E. Tarvin, Esquire
Vice President

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF Cumberland :

On this 28th day of March, 2001, 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.


Notary Public

[NOTARIAL SEAL]

