

09-13-2001

FORM PTO 1594
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)



U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

To the Honorable Commission

101840398

... attached original documents or copy thereof.

1. Name of conveying party(ies):
Center for Healthcare Industry Performance Studies composed of Value Associates, Inc.

Individual(s) Association
 General Partnership-Ohio Limited Partnership
 Corporation
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

9-10-01

2. Name and address of receiving party(ies)
Name: Center for Healthcare Industry Performance Studies, Inc.

Internal Address: _____
Street Address: 445 King Avenue
City: Columbus State: OH ZIP: 43201

Individual(s) _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation- Ohio
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from Assignment)
Additional name(s) & address(es) attached Yes No

3. Nature of conveyance:
 Assignment of Assets Merger
 Security Agreement Change of Name
 Other _____

Execution Date: February 28, 1996

4. Application number(s) or patent number(s):

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s)
1,887,096

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Jamie Nafziger
Internal Address: Dorsey & Whitney LLP

Street Address: 220 South Sixth Street

City: Minneapolis State: MN ZIP 55402

6. Total Number of applications and registrations involved: 1
7. Total fee (37 CFR 3.41) \$ 40.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
04-1420

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Jamie Nafziger
Name of person Signing

Jamie Nafziger

Signature

September 5, 2001

Date

Total number of pages comprising cover sheet: 1

OMB No. 0651-0011 (exp. 4/94)

Do not detach this portion

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

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

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TRADEMARK
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PARTNERSHIP CERTIFICATE
Section 1777.02, Ohio Revised Code

166735

TO THE RECORDER OF
FRANKLIN COUNTY, OHIO

The undersigned do hereby certify that:

VALUE ASSOCIATES, INC., an Ohio corporation having its office at 1881 Cassill Court, Columbus, Ohio 43220-3005; and

WILLIAM O. CLEVERLEY, INC., an Ohio corporation having its office at 2161 Strathshire Hall Lane, Powell, Ohio 43065

are interested, as partners, in the partnership transacting business under the firm name of **CENTER FOR HEALTHCARE INDUSTRY PERFORMANCE STUDIES**, with its principal place of business at 445 King Avenue, Columbus, Ohio 43201, in said Franklin County.

The foregoing are the names in full of all members of said partnership and their respective offices

Signed and acknowledged by us this 19th day of October, 1992.

VALUE ASSOCIATES, INC.

TIME 11 12 AM M
RECORDER FRANKLIN CO. OHIO

By: Roger K Harvey
Roger K. Harvey, President

OCT 21 1992

WILLIAM O. CLEVERLEY, INC.

RICHARD B. METCALF, RECORDER
RECORDER'S FEE 10.00

By: William O. Cleverley
William O. Cleverley,
President

STATE OF OHIO
FRANKLIN COUNTY, ss.

Before me, a Notary Public in and for said county, personally appeared Value Associates, Inc. by Roger K. Harvey, its President, and William O. Cleverley, Inc., by

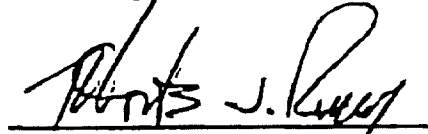
LAVINSKY BOX-

EXHIBIT A

20765E16

William O. Cleverley, its President, the signers of the foregoing Certificate, who severally acknowledge that they did sign the same and that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this 19th day of October, 1992.



Notary Public

THOMAS J. RILEY
Attorney at Law
Notary Public - State of Ohio
My Commission Has No Expiration Date
Section 147.03 R. C.

This Document Prepared By:

Thomas J. Riley
Hahn Loeser & Parks
431 East Broad Street, St. 200
Columbus, Ohio 43215

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EXHIBIT A

31261012

029495

3 52 P.M.

RECORDED FRANKLIN CO., OHIO

STATEMENT OF DISSOLUTION OF PARTNERSHIP
CENTER FOR HEALTHCARE
INDUSTRY PERFORMANCE STUDIES

FEB 28 1996

RICHARD B. METCALF, RECORDER
RECORDERS FEE \$ 14.00

We, the undersigned, being the partners in Center for Healthcare Industry Performance Studies, an Ohio general partnership (the "Partnership"), organized under Chapter 1775 of the Ohio Revised Code, as amended, having filed a General Partnership Agreement with the Franklin County, Ohio Recorder on October 21, 1992, recorded in Official Record Volume 20765, page E13 (the "Agreement"), do hereby certify:

1. The Partnership is dissolved, effective February 28, 1996.
2. Value Associates, Inc., an Ohio corporation, is hereby appointed to wind up the affairs of the Partnership in accordance with the Uniform Partnership Act, as enacted in the State of Ohio.

IN WITNESS WHEREOF, the undersigned have executed this Statement of Dissolution of Partnership as of the 28th day of February, 1996.

CENTER FOR HEALTHCARE INDUSTRY
PERFORMANCE STUDIES

By: WILLIAM O. CLEVERLEY, INC.

Scott E. Shilling
Print Name: Scott E. Shilling

By: William O. Cleverley
William O. Cleverley, President

Debra B. Appel
Print Name: Debra B. Appel

By: VALUE ASSOCIATES, INC.

Scott E. Shilling
Print Name: Scott E. Shilling

By: Roger K. Harvey
Roger K. Harvey, President

Debra B. Appel
Print Name: Debra B. Appel

EXHIBIT B

31261013

STATE OF OHIO, COUNTY OF FRANKLIN, SS:

BE IT REMEMBERED, that on this 28th day of February, 1996, before me, the subscriber a Notary Public in and for said County and State, personally appeared the above-named William O. Cleverley, Inc., an Ohio corporation, by William O. Cleverley, President, known to me to be the person who signed the foregoing instrument as such officer, duly authorized by the Board of Directors of said corporation so to do; and that the signing of the same was his free act and deed, as such officer, for and on behalf of said corporation, for the uses and purposes therein set forth.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name on the day and year last above written.

Debra B. Appel
Notary Public
DEBRA G. APPEL
NOTARY PUBLIC - STATE OF OHIO
MY COMMISSION EXPIRES DEC. 1, 1998

STATE OF OHIO, COUNTY OF FRANKLIN, SS:

BE IT REMEMBERED, that on this 28th day of February, 1996, before me, the subscriber a Notary Public in and for said County and State, personally appeared the above-named Value Associates, Inc., an Ohio corporation, by Roger K. Harvey, President, known to me to be the person who signed the foregoing instrument as such officer, duly authorized by the Board of Directors of said corporation so to do, and that the signing of the same was his free act and deed, as such officer, for and on behalf of said corporation, for the uses and purposes therein set forth.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name on the day and year last above written.

Debra B. Appel
Notary Public
DEBRA G. APPEL
NOTARY PUBLIC - STATE OF OHIO
MY COMMISSION EXPIRES DEC. 1, 1998

This Instrument Prepared By:

Judith D. Levine, Esq.
Hahn Loeser & Parks
10 West Broad Street, Suite 1800
Columbus, Ohio 43215

MAIL

EXHIBIT B



Prescribed by
Bob Taft, Secretary of State
30 East Broad Street, 14th Floor
Columbus, Ohio 43266-0418
Form MER (July 1994)

05 11 1-1011

821934
Approved [Signature]
Date 2/18/96
Fee 50
96022912201

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, limited liability companies and/or limited partnerships, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

VALUE ASSOCIATES, INC.

(If the surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)

B. Name change: As a result of this merger, the name of the surviving entity has been changed to the following: Center for Healthcare Industry Performance Studies, Inc.

only if the name of surviving entity is changing through the merger

C. The surviving entity is a: *(Please check the appropriate box and fill in the appropriate blanks)*

- Domestic (Ohio) corporation
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/ country of _____ and licensed to transact business in the state of Ohio.
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____, and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) limited liability company
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____, and registered to do business in the state of Ohio.
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____, and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) limited partnership, registration number _____

RECEIVED
MAR 14 1996
BOB TAFT
SECRETARY OF STATE

EXHIBIT C

TRADEMARK

05/11/1991

- [] Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____, and registered to do business in the state of Ohio, under registration number _____
- [] Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____, and NOT registered to do business in the state of Ohio.

II. Merging Entities

The name, type of entity, and state/country of incorporation or organization, respectively, of each entity, other than the survivor, which is a party to the merger are as follows: *(If mergers occur in more than one state, please check a separate sheet listing the merging entities; Ohio registered or foreign qualified limited partnerships must include registration numbers)*

Name	State/Country of Organization	Type of Entity
William O. Cleverley, Inc.	Ohio	corporation
_____	_____	<i>col. 6/7/91</i>
_____	_____	<i>(inc.)</i>
_____	_____	_____
_____	_____	_____

III. Merger Agreement on File

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Name	Address
Roger K. Harvey	1881 Cassill Court (street and number) Columbus OH (city, village or township) (state) (zip code)

IV. Effective Date of Merger

This merger is to be effective:

On DATE OF FILING *(if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).*

EXHIBIT C

TRADEMARK

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V. Merger Authorized

The laws of the state or country under which each constituent entity exists, permits this merger.

This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. Statutory Agent

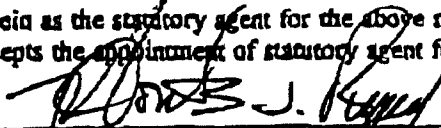
The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

Name	Address
Thomas J. Riley	10 West Broad Street, Suite 1809
	<small>(complete street address)</small>
	Columbus 43215
	<small>(city, village or township) (zip code)</small>

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct or transact business in the State of Ohio)

Acceptance of Agent

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.



 Signature of Agent Thomas J. Riley

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name reflected on the Secretary of State's records.)

VII. Statement of Merger

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VIII. Amendments

The articles of incorporation, articles of organization or certificate of limited partnership (strike the inapplicable terms) of the surviving domestic entity herein, are amended as set forth in the attached "Exhibit A" N/A

(Please note that any amendments to articles of incorporation, articles of organization or to a certificate of limited partnership MUST be attached if the surviving entity is a DOMESTIC corporation, limited liability company, or limited partnership.)

05-1-1018

IX. Qualification or Licensure of Foreign Surviving Entity

A. The listed surviving foreign corporation, limited liability company, or limited partnership desires to transact business in Ohio as a foreign corporation, foreign limited liability company, or foreign limited partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the State of Ohio. The name and complete address of the statutory agent is:

(name) (street and number)

_____, Ohio
(city, village or township) (zip code)

The subject surviving foreign corporation, limited liability company or limited partnership irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State if the agent cannot be found, if the corporation, limited liability company or limited partnership fails to designate another agent when required to do so, or if the corporation's, limited liability company's, or limited partnership's license or registration to do business in Ohio expires or is cancelled.

B. The qualifying entity also states as follows: (complete only if applicable)

1. **Foreign Qualifying Limited Liability Company**
(If the qualifying entity is a foreign limited liability company, the following information must be completed)

- a. The name of the limited liability company in its state of organization/registration is _____
- b. The name under which the limited liability company desires to transact business in Ohio is _____
- c. The limited liability company was organized or registered on _____ under the laws of the state/country of _____
month day year
- d. The address to which interested persons may direct request for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: _____

EXHIBIT C
TRADEMARK

05/11/2001

2. Foreign Qualifying Limited Partnership
(If the qualifying entity is a foreign limited partnership, the following information must be completed)

- a. The name of limited partnership is _____
- b. The limited partnership was formed on _____
under the laws of the state/country of _____
- c. The address of the office of the limited partnership in its state/country of organization is _____
- d. The limited partnership's principal office address is _____
- e. The names and business or residence addresses of the GENERAL partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

- f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is cancelled or withdrawn.

EXHIBIT C
TRADEMARK

0547 1-1020

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

VALUE ASSOCIATES, INC.
exact name of entity
By: [Signature]
Its: President
Date: 2/28/96

WILLIAM O. CLEVERLEY, INC.
exact name of entity
By: [Signature]
Its: Vice President
Date: 2/28/96

exact name of entity
By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

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By: _____
Its: _____
Date: _____

exact name of entity
By: _____
Its: _____
Date: _____

(Please note that the chairman of the board, the president, vice president, secretary or an authorized secretary must sign on behalf of each constituent corporation, and at least one general partner must sign on behalf of each constituent limited partnership; if insufficient space for signature, a separate sheet should be attached containing such signatures)