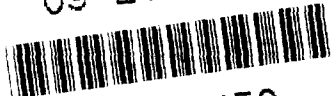


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U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): AMA Solutions, Inc. [] Individual(s) [] Association [] General Partnership [] Limited Partnership [X] Corporation-State [] Other Additional name(s) of conveying party(ies) attached? [] Yes [X] No

2. Name and address of receiving party(ies) Name: American Medical Association Internal Address: Street Address: 515 North State Street City: Chicago State: IL Zip: 60610 [] Individual(s) citizenship [] Association [] General Partnership [] Limited Partnership [X] Corporation-State Illinois [] Other If assignee is not domiciled in the United States, a domestic representative designation is attached: [] Yes [X] No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? [] Yes [X] No

3. Nature of conveyance: [X] Assignment [] Merger [] Security Agreement [] Change of Name [] Other Execution Date:

4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 2178182-AMA TechnologyLink 2178183-AMA KnowledgeLink Additional number(s) attached [X] Yes [] No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Andrea Cooper-Einkle Internal Address: American Medical Association Street Address: 515 North State Street City: Chicago State: IL Zip: 60610

6. Total number of applications and registrations involved: 13 7. Total fee (37 CFR 3.41) \$ 340.00 [X] Enclosed [] Authorized to be charged to deposit account 8. Deposit account number: (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. Dennis Kepchar Name of Person Signing [Signature] Signature 9/6/2001 Date

Total number of pages including cover sheet, attachments, and document: 3

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

09/24/2001 6TOM11 00000022 2178182 01 FC:481 40.00 DP 02 FC:482 300.00 DP

ASSIGNMENT (Continued)

From: AMA Solutions, Inc.

To: American Medical Association

4.B. Additional Trademark Registration Numbers:

2178184	AMA CommunicationLink
2178185	AMA ConsultingLink
2178186	AMA PaymentLink
2178221	AMA CapitalLink
2178222	AMA TransportationLink
2178223	AMA ResidentialLink
2182443	AMA Solutions, Inc.
2190573	AMA LeaseLink
2190608	AMA InvestmentLink
2203609	AMA PersonalLink
2303181	AMA PracticeLink

ASSIGNMENT DIVISION

ASSIGNMENT OF TRADEMARK

Whereas, AMA Solutions, Inc. of 515 North State Street, Chicago, Illinois 60610 has adopted, used and is using service marks which are registered:

- No. 2178182 dated August 4, 1998
- 2178183 dated August 4, 1998
- 2178184 dated August 4, 1998
- 2178185 dated August 4, 1998
- 2178186 dated August 4, 1998
- 2178221 dated August 4, 1998
- 2178222 dated August 4, 1998
- 2178223 dated August 4, 1998
- 2182443 dated August 18, 1998
- 2190573 dated September 22, 1998
- 2190608 dated September 22, 1998
- 2203609 dated November 17, 1998
- 2303181 dated December 28, 1999

Whereas, American Medical Association of 515 North State Street, Chicago, Illinois 60610 is desirous of acquiring said registered service marks;

Now therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, said AMA Solutions, Inc. does hereby assign to the said American Medical Association effective December 1, 2000, all right, title, and interest of the service marks and all goodwill of the business symbolized thereby.

AMA SOLUTIONS, INC.

By: *[Signature]*

Title: VICE PRESIDENT

Date: 9/6/2001

Sworn to and subscribed, before me, a notary public,

This 6th day of September, 2001.

[Signature]
NOTARY PUBLIC

My commission expires:

