

09-21-2001



Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

RE: 7

101851457

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.

7-18-01

1. Name of conveying party(ies): AMA Solutions, Inc. (formerly AMA Resources, Inc.) [] Individual(s) [] Association [] General Partnership [] Limited Partnership [x] Corporation-State IL [] 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 N. State Street City: Chicago State: IL Zip: 60610 [] Individual(s) citizenship [] Association [] General Partnership [] Limited Partnership [x] Corporation-State IL [] 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: [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) 1934991 AMA PURCHASELINK Additional number(s) attached [] Yes [x] No

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

6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41) \$ 40.00 [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: 2

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

09/24/2001 6TON11 00000016 1934991

01 FC:481

40.00 OP

ASSIGNMENT DIVISION

ASSIGNMENT OF TRADEMARK

Whereas; AMA Solutions, Inc. (formerly AMA Resources, Inc.) of 515 North State Street Chicago, Illinois 60610 has adopted, used and is using a service mark which is registered No. 1934991 dated November 14, 1995; and

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

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 mark 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:

