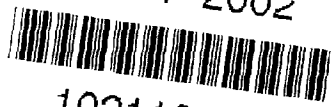


06-11-2002



102118498

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

RECORDATION TRADEM.

NT OF COMMERCE and Trademark Office

Tab settings

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

1. Name of conveying party(ies): MARQUETTE BANK CEDAR RAPIDS N/K/A MARQUETTE BANK, NA, 1800 FIRST AVENUE NE CEDAR RAPIDS, IA 52402

- Individual(s) Association General Partnership Limited Partnership Corporation-State Other

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

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

Execution Date: MAY 2, 2002

2. Name and address of receiving party(ies) Name: LIL' DRUG STORE PRODUCTS, INC Internal Address:

Street Address: 1201 CONTINENTAL PLACE City: CEDAR RAPIDS State: IA Zip: 52402

- Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State IOWA 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

4. Application number(s) or registration number(s): A. Trademark Application No.(s)

B. Trademark Registration No.(s) 1.591.663

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: PATRICK J. DEIGMAN Internal Address:

Street Address: 1800 FIRST AVENUE NE MARQUETTE BANK, NA City: CEDAR RAPIDS State: IA Zip: 52402

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: (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.

PATRICK DEIGMAN Name of Person Signing

Patrick Deigman Signature

5-17-02 Date

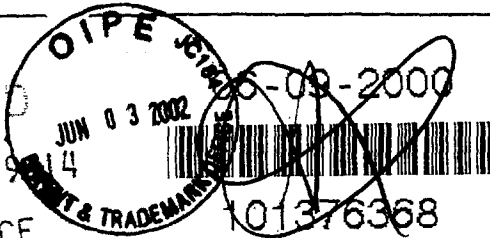
Total number of pages including cover sheet, attachments, and document:

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

06/10/2002 TDIAZ1 00000162 1591663 01 FC:461 40.00 OP

TRADEMARK REEL: 002522 FRAME: 0852

MAY 17 AM 9:14
OPR/FINANCE



RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

05/17/00

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
 - Merger Change of Name
 - Other _____
- Effective Date
Month Day Year
05 05 00

Conveying Party

Mark if additional names of conveying parties attached

Name: COLUMBIA LABORATORIES, INC. Execution Date: 05 05 00

Formerly: _____

- 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: LIL' DRUG STORE PRODUCTS, INC.

DBA/AKA/TA: _____

Composed of: _____

Address (line 1): 1201 CONTINENTAL PLACE NE

Address (line 2): _____

Address (line 3): CEDAR RAPIDS IA 52402

City State/Country Zip Code

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

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.)

FOR OFFICE USE ONLY

06/07/2000 JSHABAZZ 00000157 1591663

01 FC:481

(40.00 OP)

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

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" value="1591663"/>	<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"/>	<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:

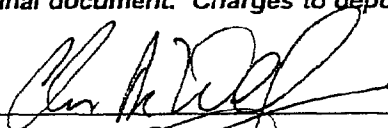
Yes

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.

CHRIS DEWOLF, Manager of
Acquisitions and E-Commerce
~~Lil' Drug Store Products, Inc.~~
Name of Person Signing


Signature

May 10, 2000

Date Signed

ASSIGNMENT

WHEREAS, Columbia Laboratories, Inc. ("Assignor"), a Delaware corporation having its principal place of business at 2875 NE 191 St., Suite 400, Aventura, Florida 33180, is the owner of the trademark REPLENS, registered with the United States Patent and Trademark Office on April 17, 1990, under Trademark Registration No. 1,591,663; and

WHEREAS, LIL' DRUG STORE PRODUCTS, INC. ("Assignee"), an Iowa corporation having its principal place of business at 1201 Continental Place NE, Cedar Rapids, Iowa 52402, is desirous of acquiring the entire interest in said trademark;

NOW, THEREFORE, in consideration of the foregoing, and for other good and valuable consideration, the receipt of which is hereby acknowledged, Assignor does hereby sell, assign and transfer unto Assignee the entire right, title and interest in and to Trademark Registration No. 1,591,663, together with the goodwill of the business symbolized by said trademark and the application and registration thereof.

IN WITNESS WHEREOF, Assignor has executed this instrument as of the 5th day of May, 2000.

COLUMBIA LABORATORIES, INC., a Delaware corporation ("Assignor")

By: William J. Bologna
William J. Bologna
Its: Chairman of the Board

STATE OF New York)
) ss:
COUNTY OF New York)

This instrument was acknowledged before me on May 2, 2000, by William J. Bologna, as Chairman of the Board of Columbia Laboratories, Inc.

ALICE J. DEALMEIDA
Notary Public, State of New York
No. 01DE5086607
Qualified in Queens County
Commission Expires 10/20/2001

Alice J. Dealmeida, Notary Public

TRADEMARK
REEL: 002522 FRAME: 0855



D
\$



May 17, 2002

Commissioner of Patent & Trademarks
Box Assignments
Washington, DC 20231

RE: Releasing Trademark Assignment and Purchase Money Security Agreement
Trademark: REPLENS
Registration No. 1,591,663

Dear Sir or Madam:

Enclosed are the forms to release the above-mentioned trademark. I have also enclosed a copy of the original assignment for your reference.

Please contact me at 319-286-1867 if there are any questions or if anymore information is required.

Sincerely,

Melissa Hood
Commercial Banking

Enc.

06-09-2000

FORM PTO-1618A

Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



101376367

MAY 17 AM 9:

OPR/FINANCE

05/17/00

JUN 03 2002

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
- Merger
- Change of Name
- Other

Effective Date
Month Day Year
05 05 00

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year
05 05 00

Formerly

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

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

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

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.)

06/07/2000 JSHABAZZ 00000158 1591663

FOR OFFICE USE ONLY

01 FC:481

(40.00 DP)

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: 002522 FRAME: 0857

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)

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.

CHRIS DEWOLF, Manager of
Acquisitions and E-Commerce

~~Lil Drugstore Products, Inc.~~

Name of Person Signing



Signature

May 10, 2000

Date Signed



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

AUGUST 01, 2000

PTAS



101376368A

BRADLEY & RILEY PC
BRADLEY G. HART
2007 FIRST AVENUE SE
PO BOX 3804
CEDAR RAPIDS, IA 52406-2804

**UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT**

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 05/17/2000

REEL/FRAME: 002085/0050
NUMBER OF PAGES: 3

BRIEF: ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL

ASSIGNOR:

COLUMBIA LABORATORIES, INC.

DOC DATE: 05/05/2000
CITIZENSHIP: DELAWARE
ENTITY: CORPORATION

ASSIGNEE:

LIL'DRUG STORE PRODUCTS, INC.
1201 CONTINENTAL PLACE NE
CEDAR RAPIDS, IOWA 52402

CITIZENSHIP: IOWA
ENTITY: CORPORATION

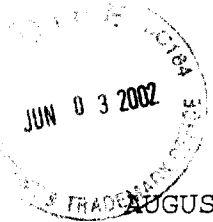
APPLICATION NUMBER: 73820226
REGISTRATION NUMBER: 1591663

FILING DATE: 08/21/1989
ISSUE DATE: 04/17/1990

MARK: REPLENS

DRAWING TYPE: WORDS, LETTERS, OR NUMBERS IN TYPED FORM

TARA WASHINGTON, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
 ASSISTANT SECRETARY AND COMMISSIONER
 OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

AUGUST 01, 2000

PTAS

SHUTTLEWORTH & INGERSOLL, PLC
 DOUGLAS J. STILWELL
 115 3RD STREET SE
 P.O. BOX 2107
 CEDAR RAPIDS, IA 52406



UNITED STATES PATENT AND TRADEMARK OFFICE
 NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 05/17/2000

REEL/FRAME: 002085/0001
 NUMBER OF PAGES: 3

BRIEF: PURCHASE MONEY SECURITY AGREEMENT

ASSIGNOR:
 LIL-DRUG STORE PRODUCTS, INC.

DOC DATE: 05/05/2000
 CITIZENSHIP: IOWA
 ENTITY: CORPORATION

ASSIGNEE:
 MARQUETTE BANK CEDAR RAPIDS
 1800 FIRST AVENUE NE
 CEDAR RAPIDS, IOWA 52402-2189

CITIZENSHIP: IOWA
 ENTITY: CORPORATION

APPLICATION NUMBER: 73820226
 REGISTRATION NUMBER: 1591663

FILING DATE: 08/21/1989
 ISSUE DATE: 04/17/1990

MARK: REPLENS
 DRAWING TYPE: WORDS, LETTERS, OR NUMBERS IN TYPED FORM

TRADEMARK
REEL: 002522 FRAME: 0861

SHIRLIE SIMON, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS