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TO: The Commissioner of Patents and Trademarks

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Submission Type

- New
- Resubmission (Non Recordation)  
Document ID#
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

07/01/02

Conveyance Type

- Assignment
- Security Agreement
- Merger
- Change of Name
- Other

- License
- Nunc Pro Tunc Assignment

Effective Date  
Month Day Year

6/26/2002

JUL 1

Conveying Party

Mark if additional names of conveying parties attached

Name **Quest Diagnostics Incorporated**  
Formerly

Execution Date  
Month Day Year

6/26/2002

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

Receiving Party

Mark if additional names of receiving parties attached

Name **Quest Diagnostics Investments Incorporated**  
DBA/AKA/TA   
Composed of

Address (line 1)

Address (line 2)

Address (line 3)   
City

State/County

Zip Code

- 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.)

FOR OFFICE USE ONLY

07/30/2002 RANMED1 00000004 1379686

01 FC:481  
02 FC:482

40.00 DP  
75.00 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

FORM PCT-1618B  
Expires 6/30/99  
OMB 0651-0027

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 **619-236-1441**

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)**

<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"/>

**Registration Number(s)**

<input type="text" value="1,379,686"/>	<input type="text" value="1,303,270"/>	<input type="text"/>
<input type="text" value="1,303,269"/>	<input type="text" value="1,301,043"/>	<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 deposition account are authorized, as indicated herein.*

Cheryl A. Withycombe  
Name of Person Signing

  
Signature

June 28, 2002  
Date Signed

ASSIGNMENT OF TRADEMARK RIGHTS

WHEREAS, **QUEST DIAGNOSTICS INCORPORATED**, a corporation organized and existing under the laws of the state of Delaware, having its principal place of business at One Malcolm Avenue, Teterboro, New Jersey 07608-1070, is the owner and/or registrant of the trademarks listed in Schedule A attached hereto.

AND WHEREAS, **QUEST DIAGNOSTICS INVESTMENTS INCORPORATED**, a corporation organized and existing under the laws of the state of Delaware, having his principal place of business at 300 Delaware Avenue, Wilmington, Delaware 19899, desires to acquire said trademarks as identified in Schedule A;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said **QUEST DIAGNOSTICS INCORPORATED** hereby assigns and transfers to **QUEST DIAGNOSTICS INVESTMENTS INCORPORATED**, the entire right, title and interest in and to the said trademarks, together with the goodwill of the business associated therewith, and the applications and/or registrations therefor, effective June 26, 2002.

**QUEST DIAGNOSTICS INCORPORATED**

Date: June 26 2002

By: Wayne Brown  
Name: Wayne B. Brown, Esq.  
Title: Assistant Secretary

STATE OF NEW JERSEY     )  
  ) ss.  
COUNTY OF ESSEX         )

*SEE ATTACHED  
ACKNOWLEDGMENT  
(CALIFORNIA)*

On this \_\_\_\_ day of \_\_\_\_\_, 2002, before me, a Notary Public in and for the County aforesaid, personally appeared \_\_\_\_\_, personally known to me and known to me to be the person whose name is subscribed to the foregoing instrument, who stated that he was the General Counsel of **QUEST DIAGNOSTICS INCORPORATED**, and that he had been duly authorized by the Board of Directors of said corporation to execute the foregoing instrument under said authority.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Schedule A**

<i>Mark</i>	<i>Registration Number</i>
CML	1,379,686
COLUMBIA MEDICAL LABORATORY	1,303,269
FAIRFIELD MEDICAL LABORATORY	1,303,270
FML	1,301,043

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of SAN DIEGO } ss.

On JUNE 26, 2002, before me, NYLIE AFUYOG  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared WAYNE B. BROWN  
Name(s) of Signer(s)

personally known to me  
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that ~~he~~ she/they executed the same in ~~his~~ her/their authorized capacity(ies), and that by ~~his~~ her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Place Notary Seal Above

Nylie Afuyog  
Signature of Notary Public

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

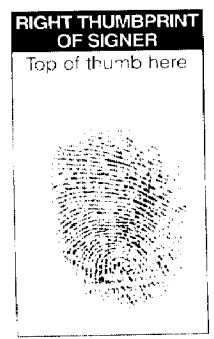
Description of Attached Document REGIS. # 1, 379, 686, etc.  
Title or Type of Document: ASSIGNMT. OF TRADEMARK RIGHTS

Document Date: JUNE 26, 2002 Number of Pages: 3  
(including acknowledgment)

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer**

Signer's Name: WAYNE B. BROWN  
 Individual  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Attorney in Fact  
 Trustee  
 Guardian or Conservator  
 Other: ASST. SECRETARY



Signer Is Representing: QUEST DIAGNOSTICS, INC.