FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 09-06-2002



102213481

OFFICE "

U.S. Department of Confinerce Patent and Veaternant Office TRADEMARK

2002 SEP -3 AM 9: 07

RECORDATION FORM COVER SHEET FINANCE SECTION TRADEMARKS ONLY

| TO: The Commissioner of Patents and T | Trademarks: Please record the attached original document(s) or copy(ies). |
|--|---|
| Submission Type ₄ | Conveyance Type |
| | Assignment License |
| Resubmission (Non-Recordat | Effective Date |
| Correction of PTO Error | Merger Month Day Year |
| Reel # Frame # | Change of Name |
| Corrective Document | |
| Reel # Frame # | Other |
| Conveying Party | Mark if additional names of conveying parties attached Execution Date Month Day Year |
| Name Emerging Solutions, Inc. | 07/30/2002 |
| Formerly | |
| Individual General Partne | ership Limited Partnership X Corporation Association |
| Other | |
| | on/Organization Georgia |
| X Citizenship/State of Incorporation | |
| Receiving Party | Mark if additional names of receiving parties attached |
| Name HealthFlash, Inc. | |
| DBA/AKA/TA | |
| Composed of | |
| Address (line 1) 3155 Royal Drive, Bldg | g. 100-C |
| Address (line 2) | |
| Address (line 3) Alpharetta | GA 30022 |
| Individual General Partr | State/Country Nership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic |
| Corporation Association | representative should be attached. (Designation must be a separate |
| Other | document from Assignment.) |
| ✗ Citizenship/State of Incorporatio | on/Organization Georgia |
| /2002 TDIAZ1 00000099 2554202 | FOR OFFICE USE ONLY |
| 1481 40.00 DP | 20 minutes per Cover Sheet to be recorded, including time for reviewing the document a |
| gathering the data needed to complete the gathering the data needed to complete the particle of Information and Regulatory A | estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and the comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, atfairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Affairs, Office of Management Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS and Trademark Assignment Practice. |
| ADDRESS. Mail documents Commissioner of Pa | to be recorded with required cover sheet(s) information to: |

TRADEMARK
REEL: 2576 FRAME: 0492

| FORM | PTO-1618B |
|-------------|-----------|
| Expires 06/ | 30/99 |

Page 2

U.S. Department of Commerce Patent and Trademark Office

| OMB 0651-0027 | | | |
|--|--|--|--|
| Domestic Representative Name and Address Enter for the first Receiving Party only. | | | |
| Name John R. Harris, Esq. | | | |
| Address (line 1) Morris, Manning & Martin, LLP | | | |
| Address (line 2) 1600 Atlanta Financial Center | | | |
| Address (line 3) 3343 Peachtree St., NE | | | |
| Address (line 4) Atlanta, GA 30326-1044 | | | |
| Correspondent Name and Address Area Code and Telephone Number 404-504-7720 | | | |
| Name John R. Harris, Esq. | | | |
| Address (line 1) Morris, Manning & Martin, LLP | | | |
| Address (line 2) 1600 Atlanta Financial Center | | | |
| Address (line 3) 3343 Peachtree St., NE | | | |
| Address (line 4) Atlanta, GA 30326-1044 | | | |
| Pages Enter the total number of pages of the attached conveyance document including any attachments. | | | |
| Trademark Application Number(s) or Registration Number(s) 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) 2,554,202 | | | |
| Number of Properties Enter the total number of properties involved. # 1 | | | |
| Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 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. | | | |
| John R. Harris Jan P. Harrin aug. 29, 2002 | | | |
| Name of Person Signing / Signature / Date Signed | | | |

TRADEMARK ASSIGNMENT

THIS TRADEMARK ASSIGNMENT is made this A day of July 2002, by the undersigned, Emerging Solutions, Inc., a Georgia corporation (the "Company") and HealthFlash, Inc., a Georgia corporation ("HealthFlash").

WHEREAS, the Company has been using and is the owner of all rights in and to the following trademark, the application and registration thereof and the goodwill of the business symbolized by said trademark:

Trademark

Reg. No

HEALTHFLASH

2,554,202

WHEREAS, the Company desires to transfer the above-mentioned trademark, trademark registration, and the goodwill of the business symbolized by this mark to HealthFlash.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by the parties, Company does hereby assign unto HelathFlash, all of its right, title and interest in and to the above-mentioned trademark, the above-mentioned registration, the goodwill of the business symbolized by said mark, and the right to sue, either at law or in equity, and to recover for any past or future infringement thereof.

IN WITNESS WHEREOF, the Company has caused this document to be executed on its behalf as of the date hereof.

EMERGING SOLUPIONS, INC

TRADEMARK **REEL: 2576 FRAME: 0494** STATE OF GEORGIA)
(SS: COUNTY OF FULTON)

On this day of John, 2002, before me personally appeared Scott Unger, known to me to be the individual aforesaid who duly acknowledged the signing of the foregoing instrument as a voluntary act on behalf of the identified corporation with authority to do so.

Notary Public

My Commission Expires:

2

HealthFlash TM Assign