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1. Name of conveying party(ies):  Personal Health Technologies Corp. 225 Friend Street Boston, Massachusetts 02114    Individual(s)	2. Name and address of receiving party(ies)  Name: PHT Corporation  Internal Address:  Street Address: 500 Rutherford Avenue  City: Charlestown State: MA Zip: 02129  Individual(s) citizenship Association General Partnership Limited Partnership Scorporation-State Delaware 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)  Additional number(s) a	B. Trademark Registration No.(s) 2295292 PHT 2336677 PHT 2341822 LOGPAD 2290718 CLINICAL TRIALS MANAGER 2290717 CLINICAL DATA SOLUTIONS 2390844 CDC CLINICAL DATA SOLUTIONS AND DESIGN ttached Yes X No
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and registrations involved:
Name: Michael Bevilacqua, Esquire  Internal Address: Hale and Dorr LLP	7. Total fee (37 CFR 3.41)\$ 165.00  Enclosed  Authorized to be charged to deposit account
Street Address: <u>60 State Street</u>	8. Deposit account number:
City: Boston State: Massachusetts Zip: 02109	O8-0219 (Attach duplicate copy of this page if paying by deposit account)
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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.  Michael Bevilacqua, Esquire  Name of Person Signing  Hale and Dorr LLP Attorney Reference Number: 112.995.121  Total number of pages including cover sheet, attachments, and document:: 1	

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