


Form PTO-1594 (Rev. 10/02) OMB No. 0661-0027 (exp. 6/30/2005)		RECORDATION FORM COVER SHEET		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
TRADEMARKS ONLY					
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): St. Vincent Hospital and Health Care Center, Inc. 2001 West 86th Street Indianapolis, IN 46260 <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____			2. Name and address of receiving party(ies) Name: <u>St. Vincent Health, Inc.</u> Internal Address: _____ Street Address: <u>2001 West 86th Street</u> <u>Indianapolis</u> State: <u>IN</u> Zip: <u>46260</u> City: _____ State: _____ Zip: _____ <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Indiana</u> <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>February 17, 2003</u>					
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>N/A</u>			B. Trademark Registration No.(s) <u>1,252,275</u>		
Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Timothy A. McGeath</u> Internal Address: _____ Street Address: <u>One American Square</u> <u>Suite 2000, Box 82064</u> City: <u>Indianapolis</u> State: <u>IN</u> Zip: <u>46282</u>			6. Total number of applications and registrations involved: <u>1</u>		
			7. Total fee (37 CFR 3.41): \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: <u>N/A</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
B. Statement and signature. <i>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.</i>					
<u>Vincent C. Caponi</u> Name of Person Signing		 Signature		<u>9/26/03</u> Date	
Total number of pages including cover sheet, attachments, and document: <input type="checkbox"/>					

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

ASSIGNMENT

WHEREAS, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC., an Indiana nonprofit corporation, having its principal offices at 2001 West 86th Street, Indianapolis, Indiana 46260, has adopted, used, is using and is the owner of the following service mark now registered in the United States Patent and Trademark Office:

<u>Service Mark</u>	<u>Registration No.</u>	<u>Date of Registration</u>
MISCELLANEOUS DESIGN	1,252,275	September 27, 1983

WHEREAS, ST. VINCENT HEALTH, INC., an Indiana nonprofit corporation and the parent corporation of ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC., having its principal offices at 2001 West 86th Street, Indianapolis, Indiana-46260, is desirous of acquiring said registered service mark, and ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC., desires to assign all rights in the service mark, and all goodwill associated therewith, to ST. VINCENT HEALTH, INC.

NOW, THEREFORE, in consideration of the sum of ten dollars and other good and valuable consideration, the receipt of which is hereby acknowledged, ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC., hereby assigns to ST. VINCENT HEALTH, INC., all right, title and interest in the United States in and to said service mark, together with the goodwill of the business symbolized by said service mark and registration thereof.

Signed at Indianapolis, IN, this 17th day of February, 2003.

ST. VINCENT HOSPITAL AND HEALTH CARE
CENTER, INC.

By: *Vincent C. Caponi*

Name: Vincent C. Caponi

Title: Chief Executive Officer

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

Before me, a Notary Public in and for said County and State, personally appeared Vincent C. Caponi, Chief Executive Officer of the assignor, St. Vincent Hospital and Health Care Center, Inc., who acknowledged the execution of the foregoing Assignment, and who, having been duly sworn, stated that all matters referred to therein are true.

WITNESS my hand and Notarial Seal this 17th day of February, 2003.

My Commission Expires:

Valri A. Fox

Notary Public

My County of Residence:

VALRI A. FOX
Notary Public, State of Indiana
County of Hamilton
My Commission Expires 11/13/2006

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