

07-07-2003



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

6-30-03

RECORD 102489599  
TRADEMARKS UNIT

DEPARTMENT OF COMMERCE  
U.S. Patent 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):

Dental Benefit Providers, Inc.

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

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

3. Nature of conveyance:

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

Execution Date: June 19, 2003

2. Name and address of receiving party(ies)

Name: UnitedHealth Group Incorporated

Internal Address: MN008-T410

Street Address: 9900 Bren Road East

City: Minnetonka State: MN Zip: 55343

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Minnesota
- 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) 2,705,313

Additional number(s) attached  Yes  No

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

Name: Richard J. Groos, Esq.

Internal Address: Fulbright & Jaworski L.L.P.

Street Address: 600 Congress Ave., Suite 2400

City: Austin State: TX Zip: 78701

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: \_\_\_\_\_

DO NOT USE THIS SPACE

9. Signature.

Christopher S. Harrison, Esq.

Name of Person Signing

Signature

6/27/03

Date

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

07/02/2003 6TOM11

00000051 2705313

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

01 FC:8521

40.00 0P

TRADEMARK  
REEL: 002770 FRAME: 0752

## TRADEMARK ASSIGNMENT

WHEREAS, Dental Benefit Providers, Inc., a Delaware corporation, having a mailing address of 7200 Wisconsin Ave., Suite 800, Bethesda, Maryland 20814, has adopted, used, is using and is the owner of the following trademark now registered in the United States Patent and Trademark Office:

<u>Mark</u>	<u>Registration Number</u>	<u>Registration Date</u>
PARTNERS FOR HEALTHY SMILES	2,705,313	April 8, 2003

WHEREAS, UnitedHealth Group Incorporated, a Minnesota corporation having a business address of 9900 Bren Road East, MN008-T410, Minnetonka, Minnesota, 55343, desires to acquire all rights and goodwill associated with the mark;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Dental Benefit Providers, Inc. does hereby assign to UnitedHealth Group Incorporated all right, title and interest in and to said mark, together with the goodwill of the business symbolized by the mark and the above-identified registration of said mark.

Dental Benefit Providers, Inc.

By: Timothy F. Ryan

Name: Timothy F. Ryan

Title: Secretary

Date: 6/19/03

STATE OF MINNESOTA §

§

COUNTY OF HENNEPIN §

Before me, the undersigned authority, on this 19<sup>th</sup> day of June, 2003 personally appeared Timothy F. RYAN, known to me to be the person whose name is subscribed to the foregoing instruments and acknowledged to me that he is authorized to execute the same on behalf of the identified corporation and that he executed the same on behalf of the corporation for the purposes and consideration therein expressed.

Margaret J. Lindner  
Notary Public, State of Minnesota

Name Printed: MARGARET J. LINDNER

My Commission Expires: JAN 31, 2005

