

08-26-2003

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Form PTO-1594 8-25-03
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2005)
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U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
TELCOR Clinical Solutions, LLC

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Limited Liability Company

2. Name and address of receiving party(ies)
Name: TELCOR Inc
Internal
Address: _____
Street Address: 1560 So. 70th St.
City: Lincoln State: NE Zip: 68506

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Nebraska
 Other _____

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

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: 12-30-02

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)
Serial No. 78/041107

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

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

Name: James C. Zalewski

Internal Address: _____

Street Address: 134 So. 13th St.
Suite 800

City: Lincoln State: NE Zip: 68508

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 0

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

James C. Zalewski
Name of Person Signing

James C. Zalewski
Signature

8-18-03
Date

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

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

2-24-03 RE

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

TELCOR Clinical Solutions, LLC

- Individual(s) Association
General Partnership Limited Partnership
Corporation-State
Other Limited Liability Company

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

3. Nature of conveyance:

- Assignment Merger
Security Agreement Change of Name
Other

Execution Date: 12-30-02

2. Name and address of receiving party(ies)

Name: TELCOR Inc
Internal Address:

Street Address: 1560 So. 70th St.

City: Lincoln State: NE Zip: 68506

- Individual(s) citizenship
Association
General Partnership
Limited Partnership
Corporation-State Nebraska
Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
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Additional name(s) & address(es) attached? Yes No

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

Name: James C. Zalewski

Internal Address:

Street Address: 134 So. 13th St. Suite 800

City: Lincoln State: NE Zip: 68508

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:

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

JAMES ZALEWSKI
Name of Person Signing

Jim C Zalewski
Signature

2-25-03
Date

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

03/13/2003 LNUELLER 00000216 78041107

01 FC:8021

40.00 DP

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

UNANIMOUS WRITTEN CONSENT TO DISSOLVE

TELCOR Clinical Solutions LLC

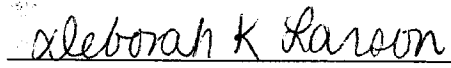
The undersigned hereby unanimously consent to the dissolution of TELCOR Clinical Solutions LLC. A Statement of Intent to Dissolve shall be filed with the Secretary of State of Nebraska.

Upon dissolution the accounts shall be settled. The liabilities of the company shall be paid and the remaining assets shall be assigned in the following order:

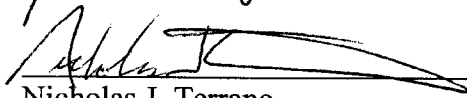
1. Creditors shall be paid in the order of priority as provided by law, except to members of the Company on account of their contributions to capital.
2. All intellectual property rights shall be and hereby are assigned to TELCOR Inc.
3. The members of the Company shall be paid the remaining assets pro rata in accordance with their respective membership interests.

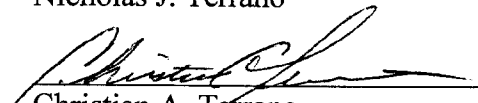
TELCOR Clinical Solutions LLC is hereby dissolved on this 30th day of December, 2002.

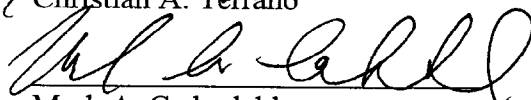

James A. Terrano


Deborah K. Larson


Rebekah J. Clarke


Nicholas J. Terrano


Christian A. Terrano


Mark A. Cederdahl