

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Mission-St. Joseph's Health System, Inc.		12/01/2003	Non-profit corporation: NORTH CAROLINA

<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Mission Health, Inc.
<b>Street Address:</b>	509 Biltmore Avenue
<b>City:</b>	Asheville
<b>State/Country:</b>	NORTH CAROLINA
<b>Postal Code:</b>	28801
<b>Entity Type:</b>	Non-profit corporation: NORTH CAROLINA

<b>PROPERTY NUMBERS Total: 4</b>		
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>
Registration Number:	2374392	MISSION ST JOSEPH'S
Registration Number:	2356817	WORKING TOGETHER TO IMPROVE YOUR HEALTH
Registration Number:	2354928	MISSION ST. JOSEPH'S
Serial Number:	76451763	MISSION

<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(704)444-1111
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	704 444 1000
<b>Email:</b>	mpoveromo@alston.com
<b>Correspondent Name:</b>	Brian M. Davis
<b>Address Line 1:</b>	101 South Tryon Street, Suite 4000
<b>Address Line 2:</b>	Bank of America Plaza
<b>Address Line 4:</b>	Charlotte, NORTH CAROLINA 28280-4000

<b>NAME OF SUBMITTER:</b>	Brian M. Davis
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<b>Total Attachments:</b> 0
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