

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

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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.

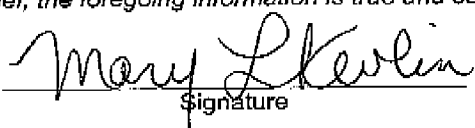
<p>1. Name of conveying party(ies): <u>Systemed Pharmacy of Iowa, L.L.C.</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Delaware limited liability company</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Medco Health Solutions, Inc.</u> Internal Address: _____ Street Address: <u>100 Parsons Pond Drive</u> City: <u>Franklin Lakes</u> State: <u>NJ</u> Zip: <u>07417</u></p> <p><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>Delaware</u> <input type="checkbox"/> Other _____</p> <p><small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input 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</small></p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Dissolution and distribution</u></p> <p>Execution Date: <u>March 26, 2002 and February 10, 2004</u></p>	

<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s)</p>	<p>B. Trademark Registration No.(s) <u>792,104; 1,451,699; 1,452,592 and 1,513,175</u></p>
Additional number(s) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Mary L. Kevlin, Esq.</u> Internal Address: _____ <u>Cowan, Liebowitz & Latman, P.C.</u> Street Address: <u>1133 Avenue of the Americas</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10036-6799</u></p>	<p>6. Total number of applications and registrations involved: <u>4</u></p> <p>7. Total fee (37 CFR 3.41) <u>\$115.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>03-3415</u> (Attach duplicate copy of this page if paying by deposit account)</p>
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DO NOT USE THIS SPACE

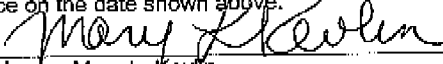
9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Mary L. Kevlin
Name of Person Signing

Signature
June 30, 2004
Date

Total number of pages including cover sheet, attachments, and document: 6

CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that the above-captioned correspondence is being transferred by facsimile to the United States Patent and Trademark Office on the date shown above.


Name: Mary L. Kevlin
Date: June 30, 2004

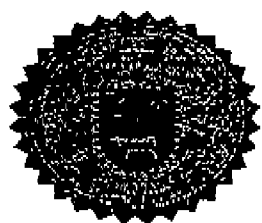
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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CANCELLATION OF "SYSTEMED PHARMACY OF IOWA, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2002, AT 4:30 O'CLOCK P.M.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2670385 8100
020198985

AUTHENTICATION: 1694488

DATE: 03-28-02
TRADEMARK

REEL: 002884 FRAME: 0953

TOTAL P.02

CERTIFICATE OF CANCELLATION

OF

SYSTEMED PHARMACY OF IOWA, L.L.C.

1. The name of the limited liability company is Systemed Pharmacy of Iowa, L.L.C.
2. The Certificate of Formation of the limited liability company was filed on October 4, 1996.
3. The reason for the filing of this Certificate is to dissolve the limited liability company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Cancellation of Systemed Pharmacy of Iowa, L.L.C., this 4th day of February, 2002.



 David S. Machlowitz
 Manager

34568.1

STATE OF DELAWARE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 FILED 04:30 PM 03/26/2002
 020198985 - 2670385

**WRITTEN CONSENT OF THE
SOLE MEMBER OF
SYSTEMED PHARMACY OF IOWA, L.L.C.
A Delaware Limited Liability Company**

The undersigned, being the Sole Member of Systemed Pharmacy of Iowa, L.L.C., a Delaware limited liability company (the "Company"), pursuant to Section 18-803(b) of the Delaware Limited Liability Company Act, do hereby consent that the following resolutions be, and are hereby adopted by the Sole Member of the Company:

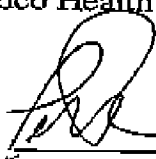
RESOLVED, that on March 26, 2002, the Company was dissolved and Merck-Medco Managed Care, L.L.C. and PAID Prescriptions, L.L.C. were the members, and

RESOLVED, that at the time of dissolution, the assets, including trademarks of the Company, were distributed to the members, and

RESOLVED FURTHER, that on May 21, 2002, Merck-Medco Managed Care, L.L.C. converted to a "C" Corporation. The name of the corporation after the conversion was Medco Health Solutions, Inc., and

RESOLVED FURTHER, that on July 15, 2002, PAID Prescriptions, L.L.C. changed its name to Medco Health Prescription Solutions, L.L.C. and then on December 28, 2002, Medco Health Prescription Solutions, L.L.C. merged with and into Medco Health Solutions, Inc.

Medco Health Solutions, Inc.

By: 
Peter M. Sherman
Vice President and Counsel

Effective March 26, 2002
Dated February 10, 2004