

WEMMH-1594 (4/03)

Form PTO-1684  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

U.S. 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):  
Syncor Radiation Management, L.L.C.

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

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

2. Name and address of receiving party(ies)  
Name: Cardinal Health 419, L.L.C.

Internal Address: \_\_\_\_\_  
Street Address: 7000 Cardinal Place  
City: Dublin State: Ohio Zip: 43017

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State \_\_\_\_\_  
 Other: Limited Liability Company

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

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

Execution Date: February 19, 2003

4. Application number(s) or registration number(s):  
A. Trademark Application No.(s)  
B. Trademark Registration No.(s)  
2,586,431; 2,333,598; 1,326,435; 1,903,395; 2,312,804;  
928,253; 1,168,119; 1,169,961; 1,147,704; 1,169,116;  
1,655,391; 898,820; 2,739,698; 1,988,498

Additional number(s) attached  Yes  No

6. Total number of applications and registrations involved: 14

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: Christopher A. Brown  
Internal Address: Woodard, Emhardt, Moriarty, McNett & Henry LLP  
Street Address: Bank One Center/Tower, 111 Monument Circle, Suite 3700  
City: Indianapolis State: Indiana Zip: 46204

7. Total fee (37 CFR 3.41) \$560.00  
 Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
23-3030  
(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.

CHRISTOPHER A. BROWN      Christopher A. Brown      30 July 2004  
Name of Person Signing      Signature      Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to:  
Director of the U.S. Patent and Trademark Office, Mail Stop Assignment Recordation Services  
Washington, D.C. 20231  
VIA FACSIMILE (703) 306-5995

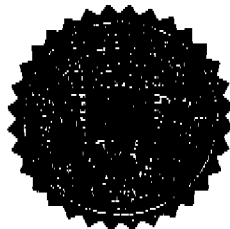
CH \$365.00 233030 2686431

# 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 AMENDMENT OF "SYNCOR RADIATION MANAGEMENT, LLC", CHANGING ITS NAME FROM "SYNCOR RADIATION MANAGEMENT, LLC" TO "CARDINAL HEALTH 419, LLC", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2003, AT 5 O'CLOCK P.M.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

2925693 8100

AUTHENTICATION 2782378 TRADEMARK

REEL: 002921 FRAME: 0825

030148846

## Certificate of Amendment to Certificate of Formation

of

SYNCOR RADIATION MANAGEMENT, LLC

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "limited liability company") is SYNCOR RADIATION MANAGEMENT, LLC

2. The certificate of formation of the limited liability company is hereby amended by striking out Article First thereof and by substituting in lieu of said Article the following new Article:

"First: the name of the limited liability company is:  
CARDINAL HEALTH 419, LLC"

Executed on 2/19/03

  
\_\_\_\_\_  
Robin Smith Hoke, Authorized Person