

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
QuickMedx, Inc.		11/12/2003	CORPORATION:

RECEIVING PARTY DATA

Name:	MinuteClinic, Inc.
Street Address:	333 Washington Avenue South
Internal Address:	5000 Union Plaza
City:	Minneapolis
State/Country:	MINNESOTA
Postal Code:	55401
Entity Type:	CORPORATION:

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	78300323	MINUTECLINIC

CORRESPONDENCE DATA

Fax Number: (612)492-7077
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 612.492.7043
 Email: thollom@fredlaw.com
 Correspondent Name: Stephen R. Bergerson
 Address Line 1: 200 South Sixth Street
 Address Line 2: Suite 4000
 Address Line 4: Minneapolis, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	48050.5.0
NAME OF SUBMITTER:	Tracy L. Hollom

Total Attachments: 2
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DC-CN



ARTICLES OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
QUICKMEDX, INC.

Pursuant to the provisions of Minnesota Statutes, Sections 302A, the following amendment of Article 1 of the Articles of Incorporation of QuickMedx, Inc. was adopted by the shareholders on November 12, 2003

ARTICLE I

The name of the corporation shall be "MinuteClinic, Inc." *gd*

The undersigned swears that the foregoing is true and accurate and that the undersigned has the authority to sign this document on behalf of the corporation.

Dated: November 12, 2003

Linda Hall Whitman
Linda Hall Whitman, Chief Executive Officer

#2892265\1

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

NOV 13 2003 *gd*

Mary Hoffmeyer
Secretary of State

TRADEMARK



**STATE OF MINNESOTA
SECRETARY OF STATE
CONSENT TO THE USE OF A NAME**

Please type or print in dark black ink for archival purposes.

Please complete this side if this office has a name already on file that is similar to the name you wish to register. If you are unable to locate the holder of the name already on file, see the reverse side of this form. **Submit this form to the office along with the original filing or amendment you wish to record.**

1. Name You Wish to Register: MinuteClinic, Inc.

2. Name Already on File: MinuteClinic

Address: 5000 Union Plaza, 333 Washington Avenue South, Minneapolis, MN 55401
(street) (city) (state) (zip)

PLEASE HAVE THIS PORTION COMPLETED BY THE HOLDER OF THE NAME ALREADY ON FILE:

I grant consent to register the name listed on line 1 to: QuickMedx, Inc.
(list name of person or entity registering new name)

located at 5000 Union Plaza, 333 Washington Avenue South, Minneapolis, MN 55401
(street) (city) (state) (zip)

(Check one) unconditionally.
 with the following conditions:*

*NOTE: Conditions must be privately enforced.

I certify that I am authorized to sign this consent and I further certify that I understand that by signing this consent I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this consent under oath.

Signed: *[Signature]*

Position: Chief Executive Officer Daytime Phone: (612) 659-7111

INSTRUCTIONS

1. Complete one form for each name already on file.
2. Filing fee: \$35.00 per form.
3. Make check payable to the Secretary of State. Your cancelled check is your receipt.
4. Mail or bring the completed forms to:

Secretary of State
 Business Services Division
 180 State Office Bldg.
 100 Rev. Dr. Martin Luther King Jr. Blvd.
 St. Paul, MN 55155-1299
 (651)296-2803

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance, or political opinions or affiliations in employment or the provision of services. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/Voice. For TTY communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803.