

2/22/5

03-10-2005

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)



U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RE 102956255
TRADEMARK ONLINE

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
Silicon Valley Bank

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

Citizenship (see guidelines) _____

Execution Date(s) January 31, 2005

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes No
Additional names, addresses, or citizenship attached? Yes No

Name: MyHealthBank, Inc.
Internal Address: Suite 400
Street Address: 200 SW Market Street
City: Portland
State: Oregon
Country: USA Zip: 97201

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship Delaware
 Other _____ Citizenship _____

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)

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other Release of Security Interest

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____
B. Trademark Registration No.(s) 2,521,200

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:
Name: Peter M. Eichler
Internal Address: Jennings, Strouss & Salmon Promenade Corporate Center
Street Address: 16427 N. Scottsdale Rd. Suite 300
City: Scottsdale
State: AZ Zip: 85254-1597
Phone Number: 480-6632163
Fax Number: 480-663-2150
Email Address: peichler@jsslaw.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00
 Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:
a. Credit Card Last 4 Numbers _____ Expiration Date _____
b. Deposit Account Number 501234
Authorized User Name Peter M. Eichler

9. Signature: _____ Date Feb 18, 2005
Signature Date
Peter M. Eichler
Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

03/09/2005 ECOOPER 00000118 501234 2521200
01 FC:8521 40.00 BA

RELEASE OF SECURITY INTEREST

The undersigned, SILICON VALLEY BANK (the "Bank"), acknowledges that MYHEALTHBANK, INC. ("MyHealthBank") has no outstanding debt owed to the Bank and all prior liens, loans and/or security interests have been cancelled or terminated, including, but not limited to, the security interest granted in the following federal trademark registration:

<u>Mark</u>	<u>Owner</u>	<u>Serial #</u>	<u>Reg. #</u>	<u>Reel/Frame #</u>
MYHEALTHBANK	MyHealthBank, Inc.	76/009,833	2,521,200	2997/0684

The Bank hereby authorizes MyHealthBank and its agents to take all actions necessary, proper, or deemed by them advisable, including, but not limited to, the recording of this Release of Security Interest with the appropriate state and federal agencies and the filing of Uniform Commercial Code termination statements with respect to any Uniform Commercial Code financing statements filed by or on behalf of Bank naming MyHealthBank as "debtor."

IN WITNESS WHEREOF, the undersigned has executed this Release of Security Interest as of January 31, 2005.

SILICON VALLEY BANK

By: 

Name: Bruce Helberg

Title: Senior Relationship Manager