

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Termination of Security Interest		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
LMI LifeMetrix Trust		08/23/2005	Trust: VIRGINIA
RECEIVING PARTY DATA			
Name:	Managed Care Measures, LLC		
Street Address:	108-I Centre Boulevard		
City:	Marlton		
State/Country:	NEW JERSEY		
Postal Code:	08053		
Entity Type:	Limited Liability Company: NEW JERSEY		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2680123	THE ONCOLOGYINSIGHT SERIES	
Registration Number:	2564740	TRIALMATCH	
CORRESPONDENCE DATA			
Fax Number:	(202)365-7129		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	2022982736		
Email:	jknab@gsblaw.com		
Correspondent Name:	John A Knab		
Address Line 1:	1000 Potomac St. NW. (fifth floor)		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20007		
NAME OF SUBMITTER:	John A. Knab		
Signature:	/john knab/		
Date:	08/23/2005		

Total Attachments: 1

900030653

**TRADEMARK
 REEL: 003145 FRAME: 0241**

OP \$65.00 2680123

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
 John A. Knab, Esquire 202.298.2536

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lowell D. Turnbull, Esquire
 Garvey Schubert Barer
 1000 Potomac St., N.W., 5th Floor
 Washington, D.C. 20007-1729

DEPARTMENT OF TREASURY
 UCC SECTION
 FILED
 2005 AUG -1 P 5:00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
2194813-8

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
Managed Care Measures, LLC

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
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NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
LifeMetrix Liquidating Trust

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA