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Form PTO-1594 (Rev. 07/05) OMB Collection 0651-0027 (exp. 6/30/2008)	U.S. DEPARTMENT OF COMMERC United States Patent and Trademark Office
RECORDATION FO	RM COVER SHEET
TRADEMARKS ONLY	
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
Name of conveying party(ies): CLINPHARM, LLC	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached?
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership ☐ Corporation- State; ☐ Other LOUISIANA LIMITED LIABILITY COMPANY Citizenship (see guidelines) Additional names of conveying parties attached? ☐ Yes ☐ No	Association Citizenship
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship
Execution Date(s) AUGUST 19, 2005 ✓ Assignment	Limited Partnership Citizenship Corporation Citizenship <u>DELAWARE</u> Other Citizenship If assignee is not domiciled in the United States, a domestic
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Filing MEDSTORM - FILING DATE: MAY 6, 2003 - FOR: COMPUTE SOFTWARE PROVIDING PATIENT-SPECIFIC MEDICAL INFORDISEASE AND CONDITION MANAGEMENT	B. Trademark Registration No.(s) 2,714,593 Additional sheet(s) attached? Yes V No Date if Application or Registration Number is unknown): R SOFTWARE NAMELY INTERACTIVE COMPLITIES
5. Name & address of party to whom correspondence concerning document should be mailed: Name: HOWSON AND HOWSON	6. Total number of applications and registrations involved:
Internal Address: Street Address: SPRING HOUSE CORPORATE CENTER 321 NORRISTOWN ROAD, BOX 457	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
City: Spring House	8. Payment Information:
State: PA Zip: 45477 Phone Number: 215-540-9200	a. Credit Card Last 4 Numbers Expiration Date
Fax Number: 215-540-5818	b. Deposit Account Number <u>08-3040</u>
Email Address: SBKITA@HOWSONANDHOWSON COM	Authorized User Name <u>STANLEY B. KITA</u>
9. Signature: Signature STANLEY B. KITA	Date Total number of pages including cover
Name of Person Signing	sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

<u>ASSIGNMENT</u>

WHEREAS, Clinpharm, LLC, a Louisiana limited liability company, located at 4811 Merlot Avenue, Suite 110, Grapevine, TX 76051, is the owner of the following trademark ("Mark") and the goodwill symbolized by the Mark:

> Mark MEDSTORM

Registration No. 2,714,593

WHEREAS, AutoMed Technologies, Inc., a Delaware corporation, with its principal place of business located at 875 Woodlands Pkwy., Vernon Hills, IL 60061, is desirous of acquiring the entire right, title and interest in and to said Mark.

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Clinpharm, LLC does hereby assign unto AutoMed Technologies, Inc., all right, title and interest in and to the Mark, together with the goodwill of the business symbolized by said Mark and the right of recovery for past infringement.

Dated: August 19, 2005

RECORDED: 09/09/2005

Clinpharm, LLC

TRADEMARK

REEL: 003192 FRAME: 0065