

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Kindred Healthcare, Inc.		10/24/2006	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Kindred Pharmacy Services, Inc.		
Street Address:	680 South Fourth Street		
City:	Louisville		
State/Country:	KENTUCKY		
Postal Code:	40202		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3079570	IT'S MORE THAN JUST FILLING PRESCRIPTIONS, IT'S A FULFILLING CAREER	
Registration Number:	3066406	ONE PRESCRIPTION AT A TIME, ONE PERSON AT A TIME	
CORRESPONDENCE DATA			
Fax Number:	(502)587-6391		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	502-587-3400		
Email:	jkovalcik@stites.com		
Correspondent Name:	Jennifer L. Kovalcik		
Address Line 1:	400 West Market Street		
Address Line 2:	Stites & Harbison, Suite 1800		
Address Line 4:	Louisville, KENTUCKY 40202		
ATTORNEY DOCKET NUMBER:	434W/00001-A AND 00001-C		
NAME OF SUBMITTER:	Memorie Stofferahn		
Signature:	/memorie stofferahn/		

OP \$65.00 3079570

Date:

10/27/2006

Total Attachments: 1

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