

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	SECURITY INTEREST		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
KEY HEALTH GROUP, INC.		12/14/2006	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	CONVERGENT CAPITAL PARTNERS I, L.P.		
<b>Street Address:</b>	5353 WAYZATA BOULEVARD, SUITE 205		
<b>City:</b>	WAYZATA		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55416		
<b>Entity Type:</b>	LIMITED PARTNERSHIP: DELAWARE		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Serial Number:	78935369	KEYMEDS	
Serial Number:	78777639	KEY HEALTH	
Serial Number:	78776571	KEY HEALTH	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(612)338-3857		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	612-338-0115		
<b>Email:</b>	glipp@fwhtlaw.com		
<b>Correspondent Name:</b>	GLENDA M. LIPP		
<b>Address Line 1:</b>	800 LASALLE AVENUE, SUITE 1900		
<b>Address Line 4:</b>	MINNEAPOLIS, MINNESOTA 55402		
<b>NAME OF SUBMITTER:</b>	GLENDA LIPP		
<b>Signature:</b>	/GLENDA LIPP/		
<b>Date:</b>	04/16/2007		

OP \$90.00 78935369

**Total Attachments: 3**

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**NOTICE OF SECURITY INTEREST IN U.S. TRADEMARKS**

United States Trademark Office:

Please be advised that pursuant to a Security Agreement dated as of September 14, 2005 (the "Security Agreement") by KEY HEALTH GROUP, INC., a Delaware corporation ("Grantor"), for the benefit of CONVERGENT CAPITAL PARTNERS I, L.P. ("Secured Party"), Grantor has granted to Secured Party a continuing security interest in, and a continuing lien upon, all of the trademarks and trademark applications described below together with the goodwill of the business with which such trademarks and trademark applications are associated:

TRADEMARKS

See Part I of Exhibit A attached hereto and incorporated herein by reference.

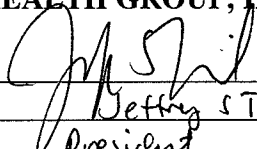
TRADEMARK APPLICATIONS

See Part II of Exhibit A attached hereto and incorporated herein by reference.

Secured Party's security interest in the described trademark and trademark applications can be terminated only in accordance with the terms of the Security Agreement.

Very truly yours,

**KEY HEALTH GROUP, INC.**

By:   
Name: Betty S Trisilo  
Its: President

Subscribed and sworn to before me  
this \_\_\_ day of December, 2006.

*See Attached*

\_\_\_\_\_  
Notary Public

**EXHIBIT A**

**TRADEMARKS AND TRADEMARKS APPLICATIONS**

**PART I. TRADEMARKS**

None.

**PART II. TRADEMARK APPLICATIONS**

<b><u>Serial No.</u></b>	<b><u>Mark</u></b>	<b><u>Filing Date</u></b>
78935369	KeyMEDS	July 22, 2006
78777639	Key Health	December 20, 2005
78776571	Key Health	December 19, 2005

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

State of California

County of Los Angeles } ss.

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Signature of Document Signer No. 1 \_\_\_\_\_ Signature of Document Signer No. 2 (if any) \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this

14<sup>th</sup> day of December, 2006, by  
Date Month Year

(1) Jeffrey S. Trigitto,  
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (.)

(and)  
(2) \_\_\_\_\_  
Name of Signer

- Personally known to me
- Proved to me on the basis of satisfactory evidence to be the person who appeared before me.)

Sue Bergin  
Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Further Description of Any Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER #1**

Top of thumb here

**RIGHT THUMBPRINT OF SIGNER #2**

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