

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Affidavit of Inadvertent Error In Trademark ownership name		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medimpact Healthcare Services, Inc.		02/09/2008	CORPORATION: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Medimpact Healthcare Systems, Inc.		
Street Address:	10680 Treena Street, 5th Floor		
City:	San Diego		
State/Country:	CALIFORNIA		
Postal Code:	92131		
Entity Type:	CORPORATION: CALIFORNIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3338242	MEDIMPACT CONNECT	
Registration Number:	3355624	MEDEMPOWER	
CORRESPONDENCE DATA			
Fax Number:	(619)696-7124		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(619) 696-6700		
Email:	ipdocket@gordonrees.com		
Correspondent Name:	Susan B. Meyer		
Address Line 1:	101 West Broadway, Suite 1600		
Address Line 4:	San Diego, CALIFORNIA 92101		
ATTORNEY DOCKET NUMBER:	BMIMP 1043408 AND 1044224		
NAME OF SUBMITTER:	Susan B. Meyer		
Signature:	/Susan B. Meyer/		

CH 3338242 \$65.00

Date:

02/27/2008

Total Attachments: 2

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**AFFIDAVIT OF INADVERTENT ERROR IN
TRADEMARK OWNERSHIP NAME**

WHEREAS Medimpact Healthcare Systems, Inc., a California Corporation, located at 10680 Treena Street, 5th Floor, San Diego, California 92131 is the owner of the following trademarks registered at the United States Patent and Trademark Office:

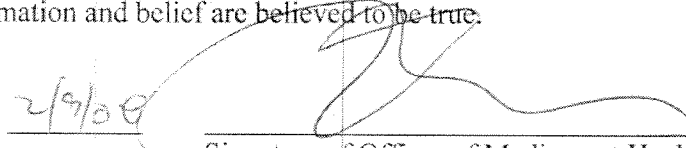
1. MEDIMPACT CONNECT Reg. No. 3,338,242
2. MEDEMPower Reg. No. 3,355,624

WHEREAS the applications for the above-referenced marks were filed with the following entity listed as the owner: "Medimpact Healthcare Services, Inc." This designation of ownership was an inadvertent mistake. The correct name of the owner of the above-referenced marks is "Medimpact Healthcare Systems, Inc."

The mistake was inadvertent and without intent to mislead or give false information.

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, under 18 U.S.C. § 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any resulting registration, declares that the facts set forth in this application are true; all statements made of his/her own knowledge are true; and all statements made on information and belief are believed to be true.

Date: 2/9/09



Signature of Officer of Medimpact Healthcare Systems, Inc.

DAVE WHEELER

Print or Type Name and Position



State of California
Kevin Shelley
Secretary of State
STATEMENT OF INFORMATION
(Domestic Stock Corporation)

10

FILED
In the office of the Secretary of State
of the State of California

JUN 02 2003

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

FC

This Space For Filing Use Only

FILE THIS FORM AND DISCLOSURE STATEMENT WITH THE SECRETARY OF STATE INSTRUCTIONS.

REPORTARY - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

C1725824
MedImpact Healthcare Systems, Inc.
10680 Treana Street, 5th Floor
San Diego, CA 92131

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code Section 16001)

2. CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THIS STATEMENT OF INFORMATION AND THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP). SEE ITEM 2 OF INSTRUCTIONS.

NO CHANGE STATEMENT

3. IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION FILED WITH THE SECRETARY OF STATE, INCLUDING ANY INFORMATION CONTAINED IN FORM SI-PTSUPP, CHECK THE BOX AND PROCEED TO ITEM 17. IF THERE HAVE BEEN ANY CHANGES TO THE INFORMATION CONTAINED IN EITHER FORM, OR NO STATEMENT HAS BEEN PREVIOUSLY FILED, THIS FORM (AND THE FORM SI-PTSUPP, IF PUBLICLY TRADED) MUST BE COMPLETED IN THEIR ENTIRETY.

COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city, state, and zip code on FD-350s.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY 10680 Treana Street, 5th Floor	CITY STATE San Diego CA	ZIP CODE 92131
6. MAILING ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131

NAME AND COMPLETE ADDRESS OF THE FOLLOWING OFFICERS (This corporation must have three (3) or more officers. A complete list for a specific officer may be added, however, the prohibited list on this statement must not be altered.)

7. CHIEF EXECUTIVE OFFICER/ Frederick Howe	ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131
8. SECRETARY/ Frederick Howe	ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131
9. CHIEF FINANCIAL OFFICER/ David G. Wheeler	ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131

NAME AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE ALSO OFFICERS (This corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME Frederick Howe	ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131
11. NAME David G. Wheeler	ADDRESS 10680 Treana Street, 5th Floor	CITY AND STATE San Diego, CA	ZIP CODE 92131
12. NAME	ADDRESS	CITY AND STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY: 0

AGENT FOR SERVICE OF PROCESS

- If an individual, the agent must reside in California and Item 15 must be completed with a California address.
- If another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS
Nancy S. Sexton

15. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL 10680 Treana Street, 5th Floor	CITY San Diego	STATE CA	ZIP CODE 92131
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TYPE OF BUSINESS

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Pharmacy benefit management services

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

Frederick Howe
TYPE OR PRINT NAME OF OFFICER OR AGENT

Frederick Howe
SIGNATURE

CEO/Chairman
TITLE

5/21/03
DATE