

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
National Medical Health Card Systems, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State Delaware
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
Name: InformedRx, Inc.

Internal Address: _____

Street Address: 2441 Warrenville Road

City: Lisle State: IL ZIP: 60532

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Delaware
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from Assignment)
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: June 19, 2008

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)
76/670,843
77/049,571

B. Trademark registration No.(s)

2089141	2744844	2991488	3120004
2622324	2928201	3000204	
2708972	2952497	3052756	
2720884	2986987	3092121	

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Kathryn Jennison Shultz

Internal Address: Jennison & Shultz, P.C.

Street Address: 2001 Jefferson Davis Highway
Crystal Plaza #1 - Suite 1102

City: Arlington State: VA ZIP: 22202

6. Total number of applications and registrations involved: 15

7. Total fee (37 CFR 3.41):..... \$ 390.00

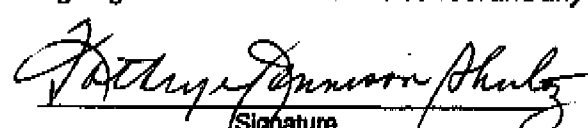
Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: 503210

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Kathryn Jennison Shultz  June 20, 2008
 Name of Person Signing Signature Date

Total number of pages of this cover sheet: 1

CH \$390.00 503210 76670843


ASSIGNMENT OF TRADEMARKS

WHEREAS, National Medical Health Card Systems, Inc. ("Assignor"), a corporation organized under the laws of Delaware, with a principal place of business at 26 Harbor Park Drive, Port Washington, New York 11050, is the owner of all right, title, interest in, including the good will associated with the trademarks and U.S. federal registrations listed on the attached Exhibit A (the "Marks" and "Registrations," respectively); and

WHEREAS, InformedRx, Inc. ("Assignee"), a Delaware corporation, with a principal place of business at 2441 Warrenville Road, Lisle, Illinois 60532, is desirous of acquiring all right, title and interest in, to and under the Marks and Registrations, all good will associated therein and all business associated with them.

National Medical Health Card Systems, Inc.

Date: 6/19/08

By: 

Name: Linda Clegg

Title: VP, Legal Affairs & Compliance

Exhibit A

<u>Trademark</u>	<u>Reg. No.</u>
NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC.	2,089,141
INTEGRAIL	2,622,324
NMHC RX	2,708,972
NMHCRX	2,720,884
INTEGRAIL HEALTH INFORMATION MANAGEMENT	2,744,844
NMHC MAIL	2,928,201
ASCEND SPECIALTY PHARMACY SERVICES	2,952,497
NMHC RX (Cross Design)	2,986,987
NMHC MAIL (Cross Design)	2,991,488
NMHC (Cross Design)	3,000,204
NMHC INTEGRAIL	3,052,756
NMHC ASCEND	3,092,121
MYNMHC	3,120,004

<u>Trademark Application</u>	<u>Serial No.</u>
NOVUSRX	76/670,843
NOVUSRX	77/049,571