

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
Vertellus Health & Specialty Products LLC		04/09/2008	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	Vertellus Specialties Inc.		
Street Address:	300 North Meridian Street		
Internal Address:	Suite 1500		
City:	Indianapolis		
State/Country:	INDIANA		
Postal Code:	46204		
Entity Type:	CORPORATION: INDIANA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3394464	REILLEX	
CORRESPONDENCE DATA			
Fax Number:	(317)592-5453		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	317-236-2100		
Email:	stohry@icemiller.com, ipdocket@icemiller.com		
Correspondent Name:	Bradley M. Stohry		
Address Line 1:	One American Square		
Address Line 2:	Suite 2900		
Address Line 4:	Indianapolis, INDIANA 46282-0200		
ATTORNEY DOCKET NUMBER:	T03595-US-00		
NAME OF SUBMITTER:	Bradley M. Stohry		
Signature:	/bms/		

OP \$40.00 3394464

Date:

06/25/2008

Total Attachments: 3

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TRADEMARK ASSIGNMENT

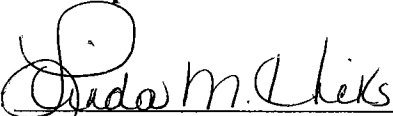
This Trademark Assignment is executed by and between Vertellus Specialties Inc., an Indiana corporation located at 300 N. Meridian Street, Suite 1500, Indianapolis, Indiana 46204, U.S.A. ("Vertellus Specialties"), and Vertellus Health & Specialty Products LLC, a Delaware limited liability company located at 2711 Centerville Road, Suite 400, Wilmington, Delaware 19808 U.S.A. ("Vertellus Health").

WHEREAS, Vertellus Health has agreed to assign to Vertellus Specialties all of Vertellus Health's right, title and interest in the trademark registration outlined in the attached Exhibit A (the "Mark"), together with the goodwill associated therewith, and Vertellus Specialties is desirous of acquiring such Mark.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Vertellus Health hereby acknowledges that it sells, conveys, transfers, assigns, and delivers to Vertellus Specialties, and its successors and assigns, all of Vertellus Health's right, title and interest in and to the Mark, together with the goodwill of the business symbolized by and associated therewith, free and clear of all liens, claims, charges and encumbrances of any kind whatsoever, to have and to hold forever. Vertellus Health shall also fully cooperate with Vertellus Specialties in recording the assignment of the Mark to Vertellus Specialties, including promptly executing any and all documents necessary to record and fully effectuate this assignment.

IN WITNESS WHEREOF and intending to be legally bound, the parties hereto have caused this Confirmatory Assignment to be signed by their duly authorized representatives.

Vertellus Specialties Inc.

By: 


Printed: Linda M. Hicks

Title: Vice President

Date: April 9, 2008

Place: Indianapolis, IN

**Vertellus Health & Specialty Products
LLC**

By: 

Printed: Linda M. Hicks

Title: Vice President

Date: April 9, 2008

Place: Indianapolis, IN

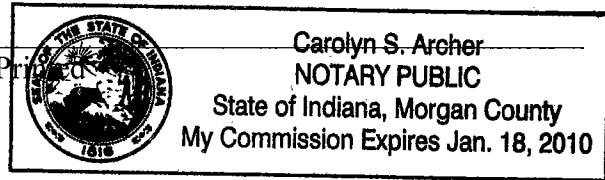
EXHIBIT A

Trademark	Country	Reg. No.
REILLEX	U.S.	3,394,464

STATE OF Indiana)
) SS:
COUNTY OF Morgan)

I hereby certify that the Vertellus Specialties Inc., is a juristic person duly organized under the laws of Indiana, U.S.A. and that the signature above is that of Linda M. Hicks, V.P., who is duly authorized to sign on behalf of Vertellus Specialties Inc.

Carolyn S. Archer
Notary Public



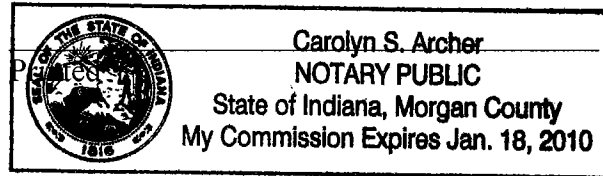
My Commission Expires: _____

My County of Residence: _____

STATE OF Indiana)
) SS:
COUNTY OF Morgan)

I hereby certify that the Vertellus Health & Specialty Products LLC, is a juristic person duly organized under the laws of Delaware, U.S.A. and that the signature above is that of Linda M. Hicks, V.P., who is duly authorized to sign on behalf of Vertellus Health & Specialty Products LLC.

Carolyn S. Archer
Notary Public



My Commission Expires: _____

My County of Residence: _____