

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
McKesson Corporation		10/01/2008	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	McKesson Pharmacy Systems LLC		
Street Address:	One Post Street		
Internal Address:	Law Department, 33rd Floor		
City:	San Francisco		
State/Country:	CALIFORNIA		
Postal Code:	94104		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	1248834	PHARMASERV	
Registration Number:	1667421	PHARMASERV	
Registration Number:	2959418	PHARMASERV	
CORRESPONDENCE DATA			
Fax Number:	(415)983-9369		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	415-983-8323		
Email:	nina.steinman@mckesson.com		
Correspondent Name:	Nina Steinman		
Address Line 1:	One Post Street		
Address Line 2:	Law Department, 33rd Floor		
Address Line 4:	San Francisco, CALIFORNIA 94104		
NAME OF SUBMITTER:	Nina Steinman		
Signature:	/nina steinman/		

OP \$90.00 1248834

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TRADEMARK
REEL: 003862 FRAME: 0954

Date:

10/01/2008

Total Attachments: 2

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ASSIGNMENT

WHEREAS, McKesson Corporation, a Delaware corporation having principal offices at One Post Street, San Francisco, CA 94104 has adopted, used and is using and is the owner of the following trademarks, which are registered in the United States Patent and Trademark Office:

PHARMASERV, Registration 1,248,834 dated August 23, 1983
PHARMASERV, Registration 1,667,421 dated December 10, 1991
PHARMASERV, Registration 2,959,418 dated June 7, 2005


WHEREAS, McKesson Pharmacy Systems LLC, a Delaware limited liability company with a mailing address at One Post Street, San Francisco, CA 94104 is desirous of acquiring said trademarks and registrations thereof;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, McKesson Corporation does hereby assign to McKesson Pharmacy Systems LLC all right, title and interest in and to said trademarks and said registrations thereof, together with the goodwill of the business symbolized by said trademarks and said registrations.

This Assignment is effective as of October 1, 2008.

Signed at San Francisco, California, this 1st day of October, 2008.

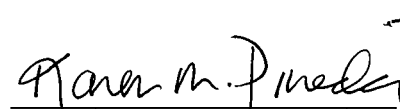
McKesson Corporation



Nina Steinman
Assistant Secretary

STATE of California)
)
COUNTY of San Francisco)

On this first day of October, 2008, personally appeared Nina Steinman, to me known and known to me to be Assistant Secretary of McKesson Corporation, the signer above-named and acknowledged that she executed the foregoing assignment on behalf of said Assignor and pursuant to authority duly received.



Notary Public *Please see attached
Acknowledgement*

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Francisco

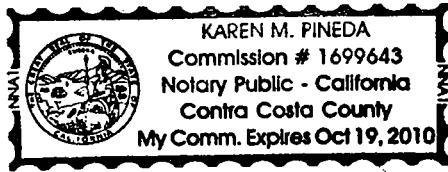
On 10/1/08
Date

before me,

Karen M. Pineda
Here Insert Name and Title of the Officer

personally appeared

Nina Steinman
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal Above

Signature Karen M. Pineda
Signature of Notary Public

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.

Description of Attached Document

Title or Type of Document: TRADEMARK ASSIGNMENT: PHARMASERV

Document Date: 10/1/08

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Nina Steinman

- ☐ Individual
☒ Corporate Officer — Title(s): Assistant Secretary
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

McLusson Corporation

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

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OF SIGNER
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