



4/29/09

05-04-2009

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

Form PTO-1594 (Rev. 01-09)  
OMB Collection 0651-0027 (exp. 02/28/200)



103559046

To the Director of the U. S. Patent and T.

ments or the new address(es) below.

**1. Name of conveying party(ies):**  
ACCREDO HEALTH INCORPORATED CORPORATION BY ASSIGNMENT

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation- State: DELAWARE  
 Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: PATIENT SERVICES, INCORPORATED  
 Internal Address: \_\_\_\_\_  
 Street Address: 3104 E BOUNDARY COURT  
 City: MIDLOTHIAN  
 State: VIRGINIA  
 Country: UNITED STATES Zip: 23112

Association      Citizenship \_\_\_\_\_  
 General Partnership      Citizenship \_\_\_\_\_  
 Limited Partnership      Citizenship \_\_\_\_\_  
 Corporation      Citizenship VIRGINIA  
 Other \_\_\_\_\_      Citizenship \_\_\_\_\_

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)

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) February 19, 2009

Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and Identification or description of the Trademark.**

A. Trademark Application No.(s) \_\_\_\_\_  
 B. Trademark Registration No.(s) 2029809

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  
 A.C.C.E.S.S. - IC 042. US 100 101. G & S: providing information about entitlements, insurance, and social services to people with chronic diseases and other health conditions; and advocating their right to receive such services.

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

Name: MARY ELIZABETH DAVIS, ESQUIRE  
 Internal Address: \_\_\_\_\_  
 Street Address: SPOTTS FAIN PC  
411 E. FRANKLIN STREET, SUITE 600  
 City: RICHMOND  
 State: VIRGINIA Zip: 23219  
 Phone Number: 804-697-2000  
 Fax Number: 804-697-2100  
 Email Address: MDAVIS@SPOTTSFAIN.COM

**6. Total number of applications and registrations involved:** 1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41)** \$40.00

Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**

05/01/2009 MJAMA1 00000013 2029809  
 Deposit Account Number \_\_\_\_\_ 40.00  
 Authorized User Name \_\_\_\_\_

**9. Signature:** Mary Elizabeth Davis      4/24/09  
 Signature      Date

Mary Elizabeth Davis, attorney + agent  
 Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 6

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

## TRADEMARK ASSIGNMENT

THIS TRADEMARK ASSIGNMENT is made as of the 19<sup>th</sup> day of February, 2009 by Accredo Health Group, Inc., a Delaware corporation doing business at 1640 Century Center Parkway, Memphis, Tennessee 38134 (hereinafter referred to as "Assignor") to Patient Services Incorporated, a Virginia not-for-profit corporation, having its principal place of business at 3104 East Boundary Court, Midlothian, VA 23112 (hereinafter referred to as "Assignee").

**WHEREAS**, Assignor and Assignee are parties to that certain Asset Purchase and Sale Agreement, dated as of February 19, 2009, by and between Assignor, as seller, and Assignee, as buyer (the "Purchase Agreement").


**WHEREAS**, the Assignor is desirous of transferring and assigning to Assignee, and Assignee is desirous of acquiring from Assignor, all of Assignor's rights, title and interest in and to the trademark(s) set forth in Schedule A attached hereto (the "Assigned Marks") and all of the goodwill associated therewith.

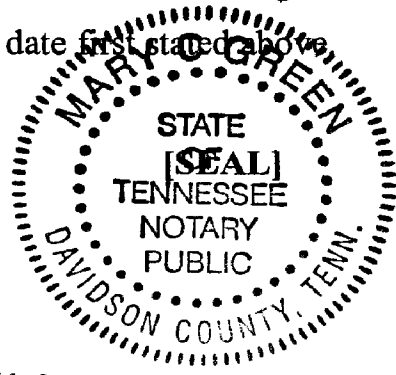
**NOW, THEREFORE**, in consideration of the premises and for other good and valuable consideration of at least \$10 received in connection with the transactions contemplated by the Purchase Agreement, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. Assignor does hereby transfer, convey and assign unto Assignee good title to, and all of its rights, title and interest in and to, the Assigned Marks, together with the goodwill of the business appertaining thereto and which is symbolized by the Assigned Marks and the worldwide right to sue for past infringements of the Assigned Marks.
2. Assignor shall execute any and all documents reasonably requested by Assignee to effect transfer and recording of the Assigned Marks to Assignee.

IN WITNESS WHEREOF, the parties have caused this Trademark Assignment to be executed by their duly authorized representatives as of the date first stated above.

**ACCREDITO HEALTH GROUP, INC.**

By:   
Name: Steve Fitzpatrick  
Title: President



**PATIENT SERVICES INCORPORATED**

[SEAL]

By: \_\_\_\_\_

Name:  
Title:

IN WITNESS WHEREOF, the parties have caused this Trademark Assignment to be executed by their duly authorized representatives as of the date first stated above.

ACCREDO HEALTH GROUP, INC.

[SEAL]

By: \_\_\_\_\_  
Name:  
Title:

PATIENT SERVICES INCORPORATED

[SEAL]

By: *Dana A. Kohn*  
Name: *Dana A. Kohn, Ph.D*  
Title: *President*

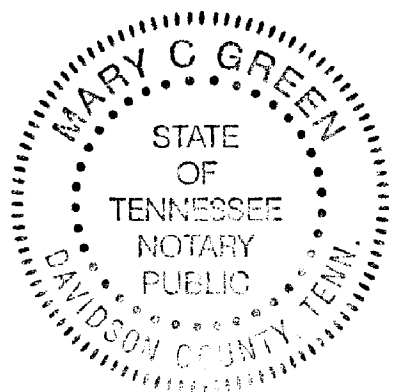
STATE OF TN )  
 ) ss.  
COUNTY OF Davidson )

I CERTIFY that on this 19<sup>th</sup> day of February, 2009, Steve Fitzpatrick personally appeared before me and acknowledged under oath, to my satisfaction that:

a) this person signed, sealed and delivered the attached Trademark Assignment as President of Accredo Health Group, Inc., and had the authority to do so; and

b) the proper corporate seal was affixed.

Mary C. Green  
Notary Public



My Commission Expires MAY 22, 2010

[Notarial Seal]

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

I CERTIFY that on this 19<sup>th</sup> day of February, 2009, \_\_\_\_\_ personally appeared before me and acknowledged under oath, to my satisfaction that:

a) this person signed, sealed and delivered the attached Trademark Assignment as \_\_\_\_\_ of Patient Services Incorporated, and had the authority to do so; and

b) the proper corporate seal was affixed.

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

[Notarial Seal]

**SCHEDULE A**

**ASSIGNED MARKS**

<b>Country</b>	<b>Trademark</b>	<b>Application Number</b>	<b>Filing Date</b>	<b>Registration Number</b>	<b>Registration Date</b>
U.S.A.	A.C.C.E.S.S.	74723877	09/01/1995	2029809	01/14/1997