

Form PTO-1594 (Rev. 01-09)
OMB Collection 0651-0027 (exp. 02/28/2009)

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

ALLIANCE ONCOLOGY, LLC

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 02/17/2009

- Assignment
- Security Agreement
- Other Correction of erroneous assignment
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: ALLIANCE ONCOLOGY, LLC

Internal

Address: SUITE 400

Street Address: 100 BAYVIEW CIRCLE

City: NEWPORT BEACH

State: CALIFORNIA

Country: UNITED STATES Zip: 92660

- Association
- General Partnership
- Limited Partnership
- Corporation
- 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)

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

A. Trademark Application No.(s)

77626082

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

ALLIANCE ONCOLOGY filed on December 03, 2008.

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

Name: MICHELLE A. COOKE

Internal Address: SUITE 2800

Street Address: 2121 AVENUE OF THE STARS

City: LOS ANGELES

State: CALIFORNIA Zip: 90067

Phone Number: (310) 734-3252

Fax Number: (310) 734-3253

Email Address: MCOOKE@STEPTOE.COM

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40

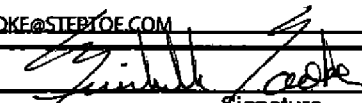
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number 19-4293

Authorized User Name 8525

9. Signature:


Signature
MICHELLE A. COOKE
Name of Person Signing

6/22/09
Date

Total number of pages including cover sheet, attachments, and document: 1

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

CH \$40.00 194293 77626082

AFFIDAVIT

I, Michelle Cooke, hereby declare as follows:

1. I am the attorney of record for Alliance Oncology, LLC for its trademark application number 77/626082 for ALLIANCE ONCOLOGY ("Trademark Application").
2. The contents of this Affidavit are based on my own personal knowledge.
3. Alliance Oncology, LLC is the true owner of the Trademark Application.
4. A previously recorded document (reel/frame # 3946/0259) was submitted erroneously assigning the Trademark Application from Alliance Imaging, Inc. to Alliance Healthcare Services, Inc.
5. Alliance Oncology, LLC has always been and continues to be the rightful owner of this Trademark Application.
6. At no time has Alliance Imaging, Inc. nor Alliance Healthcare Services, Inc. been a rightful owner of this Trademark Application. The ownership of this Trademark Application has never changed and the previous assignment recorded against it was erroneous.

I declare that, to the best of my knowledge, the above statements are true and correct.

By: 

Name: Michelle A. Cooke

Date: June 22, 2009