TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
TD Bank NA, successor to Commerce Bank, N.A.		07/31/2009	National Banking Association: UNITED STATES
TD Equipment Finance, Inc., successor to Commerce Commercial Leasing, LLC		07/31/2009	CORPORATION: MAINE

RECEIVING PARTY DATA

Name:	Recovercare, LLC
Street Address:	100 Matsonford Rd., Suite 500
Internal Address:	Five Radnor Corporate Center
City:	Radnor
State/Country:	PENNSYLVANIA
Postal Code:	19087
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Registration Number:	1818236	RECOVERCARE
Registration Number:	2197320	STIMULUS SYSTEM
Registration Number:	3152472	STIMULUS SYSTEM JR

CH $90.00 1818236

CORRESPONDENCE DATA

Fax Number: (949)475-4754
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 213-229-7219
Email: pkenny@gibsondunn.com
Correspondent Name: Phil Kenny
Address Line 1: 333 South Grand Avenue
Address Line 4: Los Angeles, CALIFORNIA 90071

ATTORNEY DOCKET NUMBER:	98537-00005
NAME OF SUBMITTER:	Phil Kenny
Signature:	/phil kenny/
Date:	09/10/2009

Total Attachments: 8
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CBA
CHARLES BACLET AND ASSOCIATES, INC.

CHARLES BACLET
AND
ASSOCIATES, INC.

CBA is an affiliate of National Registered Agents, Inc.

FILING REPORT

REPORT DATE: AUGUST 3, 2009
JOB NUMBER: 84686
CLIENT REF. #: 97527-116

SUBJECT NAME: RECOVERCARE, LLC (INITIAL FILE NUMBER 20040951675)

JURISDICTION: DEPARTMENT OF STATE, PENNSYLVANIA

FILING INFORMATION	File Date	File Number
Type of Filing:		
UCC-3 TERMINATION	7/31/2009	2009080302020

PLEASE SEE ATTACHED ACKNOWLEDGEMENT COPY.

PLEASE NOTE: *"CBA" has made every possible effort to acquire accurate information from the records searched. We guarantee the information to be as accurate as* **REASONABLE CARE** *can make it. Therefore, the ultimate responsibility for the accuracy of maintaining files remains with the State agency from which the information was obtained and we accept* **NO LIABILITY** *beyond the exercise of* **REASONABLE CARE** *in obtaining the above information.*

Commonwealth of Pennsylvania
Department of State - Corporation Bureau
Pedro A. Cortés

UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGMENT

08/03/2009

PENNCORP SERVICEGROUP, INC.
PO BOX 1210
Harrisburg, PA 17101

File Number: 2009080302020 **Filing Date:** 07/31/2009 8:00 AM **Filing Type:** UCC
Lapse Date: 09/08/2009 **Original File Number:** 20040951675 **Pages:** 1
Amendments: Termination Secured Party
Indexed Debtor(s):

Secured Party(s) / Assignee(s):

Other Information:

Please review the above information that was indexed in our database. We have indexed the above information exactly as it was presented on your enclosed filing. If there is an error please contact our office at the number listed below. If you wish to make a change from your original document an amendment (UCC-3) with the appropriate fee is required.

UCC Filing Fees:	
UCC-1 and UCC-3	**$84.00**
UCC-11	**$12.00**
Copies	**$3.00**

Please refer to the Secretary of State's web page at www.dos.state.pa.us/corps for additional filing information.

206 North Office Building
Harrisburg, PA 17120
(717) 787-1057
www.dos.state.pa.us/corps

Folder: T0921547001 Tracking: T0921547009

File Number: 2009080302020
Date Filed: 07/31/2009 08:00 AM
Pedro A. Cortés
Secretary of the Commonwealth

[redacted]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] 30001

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210

Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)

T0921547009

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
20040951675 (Filed 9/8/04)

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☑ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
RecoverCare, LLC

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d. TAX ID #: SSN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Commerce Commercial Leasing, LLC

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
File with PA SOS (97527-116) 40173

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

CBA
CHARLES BACLET AND ASSOCIATES, INC.

CHARLES BACLET AND ASSOCIATES, INC.

NRAI

CBA is an affiliate of National Registered Agents, Inc.

FILING REPORT

REPORT DATE: AUGUST 3, 2009
JOB NUMBER: 84686
CLIENT REF. #: 97527-116

SUBJECT NAME: RECOVERCARE, LLC (INITIAL FILE NUMBER 20040951635)

JURISDICTION: DEPARTMENT OF STATE, PENNSYLVANIA

FILING INFORMATION	File Date	File Number
Type of Filing:		
UCC-3 TERMINATION	7/31/2009	2009080302018

PLEASE SEE ATTACHED ACKNOWLEDGEMENT COPY.

PLEASE NOTE: *"CBA" has made every possible effort to acquire accurate information from the records searched. We guarantee the information to be as accurate as* **REASONABLE CARE** *can make it. Therefore, the ultimate responsibility for the accuracy of maintaining files remains with the State agency from which the information was obtained and we accept* **NO LIABILITY** *beyond the exercise of* **REASONABLE CARE** *in obtaining the above information.*

Commonwealth of Pennsylvania
Department of State - Corporation Bureau
Pedro A. Cortés

UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGMENT

08/03/2009

PENNCORP SERVICEGROUP, INC.
PO BOX 1210
Harrisburg, PA 17101

File Number: 2009080302018 **Filing Date:** 07/31/2009 8:00 AM **Filing Type:** UCC
Lapse Date: 09/08/2009 **Original File Number:** 20040951635 **Pages:** 1
Amendments: Termination Secured Party
Indexed Debtor(s):

Secured Party(s) / Assignee(s):

Other Information:

Please review the above information that was indexed in our database. We have indexed the above information exactly as it was presented on your enclosed filing. If there is an error please contact our office at the number listed below. If you wish to make a change from your original document an amendment (UCC-3) with the appropriate fee is required.

UCC Filing Fees:	
UCC-1 and UCC-3	$84.00
UCC-11	$12.00
Copies	$3.00

Please refer to the Secretary of State's web page at www.dos.state.pa.us/corps for additional filing information.

206 North Office Building
Harrisburg, PA 17120
(717) 787-1057
www.dos.state.pa.us/corps

Folder: T0921547001 Tracking: T0921547008

File Number: 2009080302018
Date Filed: 07/31/2009 08:00 AM
Pedro A. Cortés
Secretary of the Commonwealth

[redacted]

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] 30001

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210

Commonwealth of Pennsylvania
UCC3 Amendment 1 Page(s)

T0921547008

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
20040951635 (Filed 9/8/04)

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☑ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

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6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
RecoverCare, LLC

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME
Commerce Bank

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
File with PA SOS (97527-116) 40173

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

TD Bank
America's Most Convenient Bank®

Terrance J. McCarty, MBA
Senior Vice President
Healthcare Financial Services

TD Bank, N.A.
3470 Quakerbridge Road
Mercerville, NJ 08619
T: 609 689-6331 F: 609 689-6324
tmccarty@yesbank.com

July 29, 2009

Five Radnor Corporate Center
100 Matsonford Rd
Suite 500
Radnor, PA 19087
Attn: Joseph Waterman

To whom it may concern:

Reference is made to (i) the Loan and Security Agreement, dated September 26, 2007 (as the same has been amended, modified, supplemented or restated from time to time, collectively, the "Loan Agreement") among TD Bank NA (as successor to Commerce Bank, N.A.) (the "Lender"), Recovercare, LLC, a Pennsylvania limited liability company ("Recovercare") and certain subsidiaries of Recovercare party thereto, including without limitation, Cambridge Technologies, Inc. and Camtech II, LLC (the "Subsidiaries"; and together with Recovercare, collectively, the "Obligors"; and individually, an "Obligor"), and (ii) any and all loan or lease agreements (collectively, the "Other Agreements") entered into from time to time by and among the Lender or any of its predecessors or affiliates, including, without limitation, Commerce Commercial Leasing, LLC, now known as TD Equipment Finance as successor by merger (collectively, the "Lessors"; and together with the Lender, each, a "Creditor", and collectively, the "Creditors"), and any of the Obligors.

This letter will confirm that upon the receipt by Creditor of the amount of (the "Payoff Amount")(estimated at this time and subject to change) on or prior to July 31, 2009 (the "Payoff Date"), sent by wire transfer to the Lender in accordance with the wire transfer instructions previously provided, all liabilities and other obligations of Recovercare and each other Obligor under the Loan Agreement, as well as all liabilities and other obligations of Recovercare and each other Obligor under each of the Other Agreements (collectively, the "Obligations") shall be satisfied in full. For the avoidance of doubt, each of the undersigned Creditors hereby confirm that there are currently no outstanding Obligations under any of the Other Agreements, and all such Other Agreements were previously terminated.

Upon receipt of the Payoff Amount in accordance with the foregoing, and for and in consideration of such sum, on and with effect from the date of receipt of the Payoff Amount, all security agreements, security interests and liens created as security for the Obligations shall be deemed released and discharged. Each Creditor hereby (i) further

authorizes Recovercare and each other Obligor, concurrently with the payment of the Payoff Amount by Recovercare, to file any Uniform Commercial Code termination statements, lien releases, discharges of security interests, and other similar discharge or release documents as are reasonably necessary to release, as of record, the security interests, financing statements, and all other notices of security interests and liens previously filed by any Creditor with respect to the Obligations, and (ii) agrees that it will take, with reasonable promptness, such actions (including, without limitation, execution of termination statements and other lien release documents) as Recovercare or any other Obligor may reasonably request in order to effect the release of any such security interests and liens.

Please contact us with any questions regarding the foregoing.

Very truly yours,

TD Bank NA

By: _____
Name: Terrance J. McCarty
Title: SVP

TD Equipment Finance, Inc.

By: _____
Name: