

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		12/14/2009	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	McKesson Pharmacy Systems LLC		
Street Address:	One Post Street		
Internal Address:	McKesson Corporation Law Department-33		
City:	San Francisco		
State/Country:	CALIFORNIA		
Postal Code:	94104		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77857292	ENTERPRISERX	
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:	McKesson Corporation Law Department-33		
Address Line 4:	San Francisco, CALIFORNIA 94104		
ATTORNEY DOCKET NUMBER:	ENTERPRISERX ASSIGNMENT		
NAME OF SUBMITTER:	Nina Steinman		
Signature:	/ninasteinman/		

OP \$40.00 77857292

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**TRADEMARK
 REEL: 004113 FRAME: 0759**

Date:

12/14/2009

Total Attachments: 2

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source=EnterpriseRX McKesson to MPS LLC#page2.tif

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 trademark, which is the subject of an application for federal registration in the United States Patent and Trademark Office:

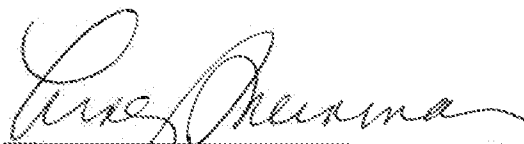
ENTERPRISERX, Application Serial Number 77/857292, filed October 26, 2009

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 trademark and application to register 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 trademark and said application and any resulting registration, together with the goodwill of the business symbolized by said trademark.

Signed at San Francisco, California, this 14th day of December, 2009.

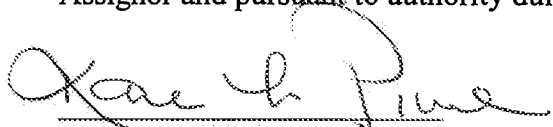
McKesson Corporation



Nina Steinman
Assistant Secretary

STATE of California)
)
COUNTY of San Francisco)

On this 14th day of December, 2009, 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 certificate.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Francisco

On December 14, 2009 before me, Karen M. Pineda, Notary Public
Date Here: Insert Name and Title of the Officer

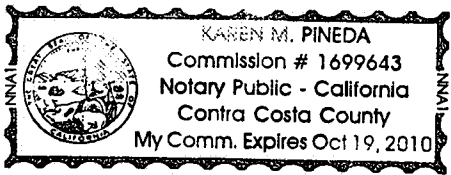
personally appeared Nina Steinman
Name(s) of Signer(s)

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.

Signature [Handwritten Signature]
Signature of Notary Public



Place Notary Seal Above

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: ENTERPRISERX TRADEMARK ASSIGNMENT

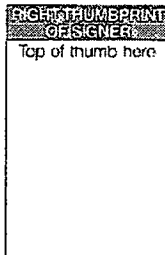
Document Date: _____ Number of Pages: _____

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: McKesson Corporation

Signer's Name: _____

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



Signer Is Representing: _____