

04-07-1999



101002982

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name Execution Date
Month Day Year

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20503

TRADEMARK
REEL: 1878 FRAME: 0599

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text" value="75325486"/>	<input type="text" value="75225738"/>	<input type="text" value="75315236"/>
<input type="text" value="75333914"/>	<input type="text" value="75225737"/>	<input type="text"/>
<input type="text" value="75225736"/>	<input type="text" value="75225725"/>	<input type="text"/>

<input type="text" value="1312766"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Mitchell H. Stabbe

3/25/99

Name of Person Signing

Signature

Date Signed

ASSIGNMENT

WHEREAS, Magellan Health Services, Inc. ("Assignor"), a Delaware corporation, located at 3414 Peachtree Road, N.E., Suite 1400, Atlanta, Georgia 30326, is the owner of the following marks (the "Marks"):

<u>Mark</u>	<u>Registration No.</u>	<u>Date of Registration</u>
CHARTER COLONIAL INSTITUTE and DESIGN	1,312,766	01/1/85

<u>Mark</u>	<u>Serial Number</u>
CHARTER FRANCHISE SERVICES	75/325,486
CHARTER MANAGED CARE SERVICES	75/333,914
CHARTER MEDICAL CORPORATION	75/225,736
CHARTER	75/225,738
CHARTER BEHAVIORAL HEALTH SYSTEMS	75/225,737
IF YOU DON'T GET HELP AT CHARTER, PLEASE GET HELP SOMEWHERE	75/225,725
TRIMS	75/315,236

WHEREAS, Charter System, LLC ("Assignee"), a Delaware limited liability company, located and doing business at 1061 East Flamingo Road, Suite One, Las Vegas, Nevada 89119-744, desires to acquire said Marks;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said Assignor does hereby assign to Assignee all of Assignor's right, title and interest in and to the Marks, including the goodwill of the business symbolized thereby, effective as of the date of execution below.

Signed this 9th day of October, 1998.

MAGELLAN HEALTH SERVICES, INC.

By: David J. Hansen
David Jerit Hansen
Vice President and General Counsel