

10-15-1999



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10.11.99

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 Effective Date
Month Day Year
- 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 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.)
- Corporation Association
- Other

Citizenship/State of Incorporation/Organization

10/19/1999 DNGUYEN 00000086 75555508

FOR OFFICE USE ONLY

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40.00 DP

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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. 20231

REEL: 001974 FRAME: 0629

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="7555508"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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.

Laura J. Lew

Laura J. Lew

10-08-99

Name of Person Signing

Signature

Date Signed

Laura J. Lew TRADEMARK

CANADA

PROVINCE OF ONTARIO

TO WIT:

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TO ALL TO WHOM THESE PRESENTS MAY
COME, BE SEEN OR KNOWN

I, **Jennifer Louise Wood**, a Notary Public, in and for the Province of Ontario, by Royal Authority duly appointed, residing in the City of Toronto, in said Province,

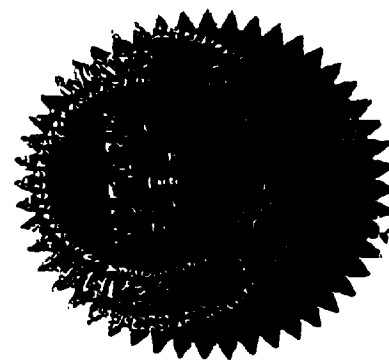
DO CERTIFY AND ATTEST that the paper-writing hereto annexed is a true copy of a document produced and shown to me and purporting to be the Assignment of Trade-marks by Meditrust Healthcare Inc. to Pharm Plus Drugmarts Inc. dated January 23, 1999, the said copy having been compared by me with the said original document, an act whereof being requested I have granted under my Notarial Form and Seal of Office to serve and avail as occasion shall or may require.

IN TESTIMONY WHEREOF I have hereunto subscribed my name and affixed my Notarial Seal of Office this 28th day of January, 1999.

J Wood

A Notary Public in and for the
Province of Ontario

M:\CLIENT\80\8072\58\NOTARYJEN



ASSIGNMENT

WHEREAS, **MEDITRUST HEALTHCARE INC.**, (formerly **Meditrust Holdings Inc.**) the full post office address of whose principal office or place of business is 140 Wendell Avenue, Unit 9, Toronto, ON M9N 3R2, is the owner of the Canadian trade-marks (the "Canadian Trade-marks") and the U.S. trade-marks (the "U.S. Trade-marks") with the registration and application numbers (the "Registrations") as listed in Schedule "A" attached hereto;

AND WHEREAS, **MEDITRUST HOLDINGS INC.**, amended its name to **MEDITRUST HEALTHCARE INC.** by Articles of Amendment dated September 9, 1996;

AND WHEREAS, **PHARMA PLUS DRUGMARTS LTD.**, the full post office address of whose principal office or place of business is 5695 Coopers Avenue, Mississauga, ON L4Z 1R9, is desirous of acquiring the rights to the Canadian Trade-marks and the U.S. Trade-marks, in their respective jurisdictions, including any and all goodwill associated therewith and including the Registrations;

NOW THEREFORE KNOW ALL MEN BY THESE PRESENTS that for \$1.00 and other good and valuable consideration, the receipt of which is hereby acknowledged, the said **MEDITRUST HEALTHCARE INC.**, doth hereby sell, assign and transfer to **PHARMA PLUS DRUGMARTS LTD.** all of its right, title and interest in and to the Canadian Trade-marks and the U.S. Trade-marks in their respective jurisdictions, together with the goodwill attached thereto and including the Registrations.

IN WITNESS WHEREOF, **MEDITRUST HEALTHCARE INC.** has caused these presents to be executed under its corporate seal and the hands of its duly authorized officers, in the City of Toronto, this 23rd day of January, 1999.

MEDITRUST HEALTHCARE INC.

Per:


Norman Paul, President

SCHEDULE A

Canadian Trade-Marks

Registered

<u>Mark</u>	<u>Registration Number</u>
Meditrust	TMA411, 577
Meditrust & Design	TMA450, 087
Meditrust - Canada's Mail Order Pharmacy	TMA461, 548
Meditrust - The Mail Order Pharmacy	TMA462, 425

Pending

<u>Mark</u>	<u>Application Number</u>
First Nations Pharmacy	872 389
Meditrust - La Pharmacie Postale	764 820
The Drug Store At Your Door	872 739

U.S. Trade-Marks

Pending

<u>Mark</u>	<u>Serial Number</u>
First Nations Pharmacy	75-555508

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