

04-10-2000

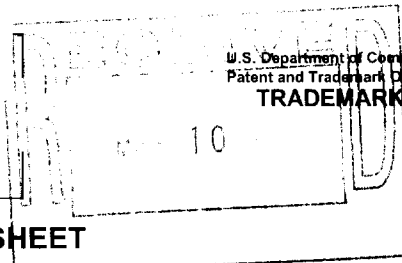


FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

101312990

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

MCO
3.10.00



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
Effective Date
Month Day Year _____
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name SwedishAmerican Hospital

Execution Date
Month Day Year
010600

Formerly Formerly, Swedish-American Hospital Association of Rockford IL

- Individual General Partnership Limited Partnership Corporation Association
- Other Not for Profit Corporation
- Citizenship/State of Incorporation/Organization Illinois

Receiving Party

Mark if additional names of receiving parties attached

Name SwedishAmerican Health System Corporation

DBA/AKA/TA _____

Composed of _____

Address (line 1) 1313 E. State Street

Address (line 2) _____

Address (line 3) Rockford IL 61104-2227

- Individual General Partnership Limited Partnership Corporation Association

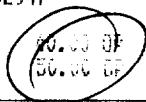
If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

- Other Not for Profit Corporation
- Citizenship/State of Incorporation/Organization Illinois

04/10/2000 DCOATES 00000169 1802547

FOR OFFICE USE ONLY

01 FC:481
02 FC:482



Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002046 FRAME: 0832

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1802947"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1223741"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1503361"/>	<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.

Aaron W. Brooks
Name of Person Signing


Signature

03/07/00
Date Signed

ASSIGNMENT

WHEREAS, SWEDISHAMERICAN HOSPITAL f/k/a Swedish-American Hospital Association of Rockford, Illinois, an Illinois not-for-profit corporation located and doing business at 1313 East State Street, Rockford, Illinois ("Assignor") has adopted and used in its business the following service marks which are registered in the United States Patent and Trademark Office:

<u>Service Mark</u>	<u>Registration No.</u>	<u>Registration Date</u>
SwedishAmerican Health Alliance	1,802,947	11/02/93
Swedish American People Who Care	1,223,741	01/11/83
Senior Passport	1, 503,361	09/06/98

WHEREAS, SWEDISHAMERICAN HEALTH SYSTEM CORPORATION, an Illinois not-for-profit corporation located and doing business at 1313 East State Street, Rockford, Illinois ("Assignee") is desirous of acquiring said marks and said applications.

NOW, THEREFORE, in consideration of and for good and valuable consideration, the receipt of which is hereby acknowledged, Assignor does hereby sell, assign, transfer, and set over unto Assignee the entire right, title and interest in and to said marks and said registrations, together with the good will of the business symbolized by said marks and said registrations, and in accordance with which the said marks are used, together with all common law rights of Assignor, including the right to bring action and recover for past infringement, if any, of said marks or said applications.

SWEDISHAMERICAN HOSPITAL:

By: _____

Robert B. Klint, M.D., President

State of Illinois)
) SS
County of Winnebago)

I, DEBORAH JOHNSON, a Notary Public in and for the county and state aforesaid, do hereby certify that Robert B. Klint, M.D., personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and Notarial Seal, this 6 day of January, ~~1999~~ 2000

Deborah Johnson
Notary Public

My Commission Expires:

6-28-03

