

12-06-2000

FAC:



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ORDINATION FORM COVER SHEET
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11-20-2000

U.S. Patent & TMO/TM Mail Rcpt Dt. #26

To the Honorable Commissioner of Patents and Trademarks: Please record the attached

Submission Type

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

11-20-00

Conveyance Type

- Assignment
- Security Agreement
- Merger
- Change of Name
- Other Certificate of Ownership and Merger
- License
- Nunc Pro Tunc Assignment
Effective Date _____

Conveying Party

Name Living Centers of America, Inc. Execution Date 09/04/98
 Formerly _____
 Individual General Partnership Limited Partnership Corporation Association Other _____
 Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Name Paragon Health Network, Inc.
 Address (line 1) One Ravinia Drive, Suite 1500
 Address (line 2) Atlanta, Georgia 30346
 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 domestic representative should be attached. (Designation must be a separate document from Assignment)
 Corporation Association
 Other _____
 Citizenship/State of Incorporation/Organization Delaware

Domestic Representative Name and Address

Name _____ Enter for the first Receiving Party only.
 Address (line 1) _____

Correspondent Name and Address

Name Ben D. Tobor Area Code and Telephone Number 713/221-1352
 Address (line 1) Bracewell & Patterson, L.L.P.
 Address (line 2) 711 Louisiana, Suite 2900, Houston, TX 77002

Pages Enter the total number of pages of the attached conveyance document including any attachments 1

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

Either enter the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers)
 Trademark Application Number (:) _____ Registration Number(s) _____

2,117,454

Number of Properties Enter the total number of properties involved. 1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00
 Method of Payment: Enclosed Deposit Account Authorization to charge additional fees: Yes No
 Deposit Account Number-enter for payment by deposit account or if additional fees can be charged to the account 50-0259

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.

Ben D. Tobor

Name of Person Signing

Ben D. Tobor
Signature

11/20/00
Date Signed

State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"APOLLO LCA ACQUISITION CORP.", A DELAWARE CORPORATION, WITH AND INTO "LIVING CENTERS OF AMERICA, INC." UNDER THE NAME OF "PARAGON HEALTH NETWORK, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE FOURTH DAY OF NOVEMBER, A.D. 1997, AT 10:50 O'CLOCK A.M.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9287958
DATE: 09-04-98