

12-06-2000



FORM COVER SHEET  
MARKS ONLY



11-20-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #25

To the Honorable Commissioner of Patents and Trademarks  
101540563

Remarks: 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
- License
- Nunc Pro Tunc Assignment
- Effective Date \_\_\_\_\_
- Certificate of Ownership and Merger

Conveying Party

Name Paragon Health Network, Inc. Execution Date 07/31/98  
 Formerly \_\_\_\_\_  
 Individual  General Partnership  Limited Partnership  Corporation  Association  Other \_\_\_\_\_  
 Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Name Mariner Post-Acute 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(s) \_\_\_\_\_ 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

Signature

11/20/00

Date Signed

State of Delaware  
Office of the Secretary of State

PAGE 1

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 AMENDMENT OF "PARAGON HEALTH NETWORK, INC.", CHANGING ITS NAME FROM "PARAGON HEALTH NETWORK, INC." TO "MARINER POST-ACUTE NETWORK, INC.", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF JULY, A.D. 1998, AT 5:01 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Edward J. Freel, Secretary of State

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AUTHENTICATION: 9228634

DATE: 07-31-98

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MARINER POST-ACUTE NETWORK

11/18/00 THU 17:17 FAX

RECORDED: 11/20/2000

TRADEMARK  
REEL: 002189 FRAME: 0332