

09-24-2002



102233127

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. Department of Commerce
Patent and Trademark Office

TRADEMARK

2002 SEP 20 AM 7:23

FINANCE SECTION

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 # 002478 Frame # 0817

9-23-02

Conveyance Type

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

Effective Date
Month Day Year
09 28 2001

Conveying Party

Mark if additional names of conveying parties attached

Name Rajani, Karl

Execution Date
Month Day Year
05 31 2002

Formerly _____

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

Receiving Party

Mark if additional names of receiving parties attached

Name Genesis Healthcare USA, LLC

DBA/AKA/TA _____

Composed of _____

Address (line 1) 5307 South 92nd Street

Address (line 2) _____

Address (line 3) Hales Corners Wisconsin 53130

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

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.)

09/23/2002 LMUELLER 00000277 170055 2201642

FOR OFFICE USE ONLY

01 FC:481 40.00 CH

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: 002587 FRAME: 0348

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 (414) 277-5789

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.

#

2

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

2201642	<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.

#

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

40.00

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:

#

17-0055

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.

Cheryl M. Smukowski

Cheryl Smukowski

June 7, 2002

Name of Person Signing

Signature

Date Signed

06/03/2002
700013524

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

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

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05 31 2002

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Formerly _____

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Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

FORM PTO-1618B
Expires 06/30/09
OMB 0651-0027

Page 2

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

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="2068158"/>	<input type="text" value="2058170"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2058157"/>	<input type="text" value="2058159"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2058160"/>	<input type="text" value="2201452"/>	<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.

Marta S. Levine

Marta Levine

June 3, 2002

Name of Person Signing

Signature

Date Signed

Confirmatory Assignment of Trademarks

This Confirmatory Assignment of Trademarks is made by and between Karl Rajani, a United States citizen with his principal place of business at 5307 South 92nd Street, Hales Corner, Wisconsin 53130 (the "Assignor"), and Genesis Healthcare USA, LLC., a Wisconsin limited liability company with its principal place of business at 5307 South 92nd Street, Suite 230, Hales Corners, Wisconsin 53130(the "Assignee").

Whereas, the Assignor is the owner of the trademarks shown on the attached Schedule (which is attached hereto and incorporated herein by reference), the registrations therefor, and the goodwill of the business in connection therewith (the "Trademarks"); and

Whereas, the Assignee wishes to acquire the Trademarks.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby expressly acknowledged, the Assignor agrees to sell, assign and transfer to the Assignee as of September 28, 2001, and does hereby the sell, assign and transfer to the Assignee, the Assignor's entire right, title and interest in and to the Trademarks and the Assignor's entire right, title and interest in and to any and all claims and demands it may have, at law or in equity, for past infringement of the Trademarks.

This Confirmatory Assignment of Trademarks is made pursuant to the assignment by and between the parties dated as of September 28, 2001.

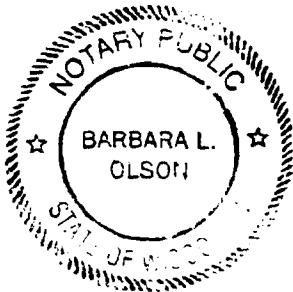
In witness whereof, the Assignor has caused this Confirmatory Assignment of Trademarks to be executed and sealed by a duly authorized officer as of the date indicated below.

By: *[Handwritten Signature]*
Karl Rajani

STATE OF WISCONSIN)
)
MILWAUKEE COUNTY)

Personally came before me this 31st day of May, 2002, the above-named individual, to me known to the be person who executed this Confirmatory Assignment of Trademarks and acknowledged the same.

(SEAL)



[Handwritten Signature]
Notary Public, State of Wisconsin
My Commission Expires: 5/11/04

**Schedule to
Confirmatory Assignment of Trademarks**

Trademark	U.S. Registration No.	Issue Date
CLAIMSEXPERT	2,058,158	04/29/1997
INFODOC	2,058,157	04/29/1997
M-CHECK	2,058,160	04/29/1997
PROVIDERNET	2,058,170	04/29/1997
U-MANAGER	2,058,159	04/29/1997
VALUDOC	2,201,452	11/03/1998