

1-31-92

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

Patent and Trademark Office
Attorney Docket No: MDLA215144

To the Director - U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Medalia Healthcare L.L.C.

- Individuals
- General Partnership
- Corporation-State
- Other Washington Limited Liability Company
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

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

Execution date: October 20, 2003

2. Name and address of receiving party(ies):

Name: Providence Health System - Washington
Address: 506 Second Avenue
City: Seattle State: WA ZIP: 98104-2329

- Individual(s) citizenship _____
- Association State of _____
- General Partnership State of _____
- Limited Partnership State of _____
- Corporation-State State of _____
- Other Washington Non-Profit Corporation

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designation must be a separate document from Assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No(s).

B. Trademark Registration No(s). 2,059,767; 2,063,109; 2,072,295

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed.

Daiva K. Tautvydas, Esq.
CHRISTENSEN O'CONNOR
JOHNSON KINDNESS^{PLLC}
1420 Fifth Avenue, Suite 2800
Seattle, WA 98101-2347
Direct Dial 206.682.8100

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41):..... \$ 90.00

8. The Director is authorized to charge \$90.00 to Deposit Account Number 03-1740.

DO NOT USE THIS SPACE

9. 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.

Daiva K. Tautvydas
Name of Attorney or Agent
Registration No. 36,077
Direct Dial 206.695.1727

[Signature] 10/24/03
Signature Date

Total number of pages including cover sheet, attachments and document: 3

OMB No. 0651-0011 (exp. 4/94)

I hereby certify that this correspondence is being sent via facsimile to 703.306.5995, Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office, on the below date.

Date: October 24, 2003

[Signature]

CH \$90.00 031740 2069767

ASSIGNMENT NUNC PRO TUNC

WHEREAS, Medalia Healthcare L.L.C, a Washington Limited Liability Company (hereinafter the "Assignor"), adopted and used 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> |
|----------------------|-------------------------|--------------------------|
| MEDALIA | 2,059,767 | May 6, 1997 |
| Miscellaneous Design | 2,063,109 | May 20, 1997 |
| MEDALIA HEALTHCARE | 2,072,295 | June 17, 1997 |

WHEREAS, Providence Health System - Washington, a Washington Non-Profit Corporation, (hereinafter the "Assignee") is desirous of acquiring said service marks and registrations thereof;

NOW, THEREFORE, for sufficient, good, and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR does hereby sell, assign and transfer unto ASSIGNEE its entire right, title to and interest in said service marks and said registrations, together with the goodwill of the business associated with the service marks.

This Assignment is made effective *NUNC PRO TUNC* April 1, 1999 and is executed hereon to correct an Assignment previously executed on June 13, 2000.

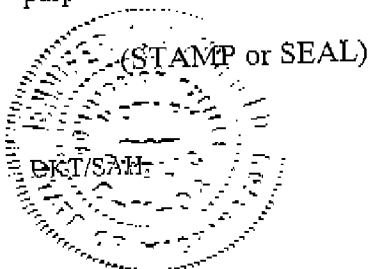
Executed at Seattle (city), WA (state), this 20th day of October, 2003.

Medalia Healthcare L.L.C.

[Signature]
Printed Name: MIKE BUTLER
Title: OFFICER

STATE OF Washington)
COUNTY OF King)

On this 20th day of October, 2003, Mike Butler personally appeared before me, known to me to be the individual named above who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes therein mentioned.



[Signature]
Notary Public
My commission expires 5/11/04

LAW OFFICES OF
CHRISTENSEN O'CONNOR JOHNSON KINDNESS^{LLP}
1420 Fifth Avenue
Suite 2800
Seattle, Washington 98101
206.462.4100
TRADEMARK