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RECORDATION FC: 14 HEET

FINANCE SECTION

TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment
		<input type="checkbox"/> Merger	Effective Date Month Day Year 05/18/2006
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other _____	

Conveying Party Mark if additional names of conveying parties attached

Name Execution Date

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization

Receiving Party Mark if additional names of receiving parties attached

Name

DBA/AKA/TA _____

Composed of _____

Address (line 1)

Address (line 2) _____

Address (line 3)

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization

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.)

FOR OFFICE USE ONLY

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: 003347 FRAME: 0509

1935861
0000014
40.00 DA
30/2006 MTRM1
FC: 8521

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

<input type="text" value="1935861"/>	<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.

#

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.

Kenneth J. Purcell

5/23/2006

Name of Person Signing

Signature

Date Signed

Kenneth J. Purcell
Senior Counsel

26 April 2006

James E. Laramy
Vice President & General Counsel
DST Systems, Inc.
333 W. 11th St
Kansas City MO 64105

Subject: *ADVANCEMED Service Mark*

Dear Jim:

This letter, when signed below on behalf of DST Health Solutions, Inc. and returned to us, confirms the agreement of DST Health for transfer of rights in the mark ADVANCEMED and the United States registration for said mark under Reg. No. 1935861. Specifically:

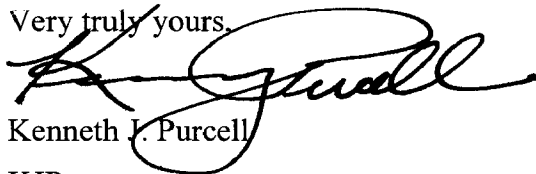
DST Health ^{Solutions K&B}~~Systems~~ Inc., for good and valuable consideration, receipt of which is hereby acknowledged, does hereby assign all right, title and interest in and to the mark ADVANCEMED, together with the good will of the business symbolized by the mark, and the above identified registration thereof, to

AdvanceMed Corporation, a Virginia corporation, 15245 Sandy Grove Road,
Rockville, MD 20850.

This assignment and transfer is made WITH NO WARRANTY of any kind, all warranties, including but not limited to title, MERCHANTABILITY, and FITNESS FOR PURPOSE, being expressly disclaimed.

We very much appreciate the courtesy of DST Health in this matter and hope to have the opportunity at some time to return the favor.

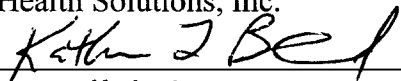
Very truly yours,


Kenneth J. Purcell

KJP:ss

Agreed

DST Health Solutions, Inc.

By 

Name: Katherine L. Bland

Title: Executive Vice President

Date: 5/18/06

2100 East Grand Avenue
El Segundo, California 90245
310.615.1764 Fax 310.640.3167

TRADEMARK

