

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Probst Pharmaceuticals		08/22/2006	Private owned company: ALABAMA
RECEIVING PARTY DATA			
Name:	PediaMed Pharmaceuticals, Inc.		
Street Address:	7310 Turfway Rd. # 490		
City:	Florence		
State/Country:	KENTUCKY		
Postal Code:	41042		
Entity Type:	INC. ASSOCIATION: KENTUCKY		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2509656	ENDAL	
Registration Number:	2528599	ACCUHIST	
CORRESPONDENCE DATA			
Fax Number:	(859)282-3105		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	859-538-1300		
Email:	bdavidson@pediamedpharma.com		
Correspondent Name:	Becky Davidson		
Address Line 1:	7310 Turfway Rd. # 490		
Address Line 4:	Florence, KENTUCKY 41042		
NAME OF SUBMITTER:	Becky Davidson		
Signature:	/Becky Davidson/		
Date:	08/22/2006		

OP \$65.00 2509656

Total Attachments: 4
source=PTO - 2038#page1.tif
source=pto1594-fill#page1.tif
source=pto1594-fill#page2.tif
source=USPTO#page1.tif

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United States Patent and Trademark Office
Credit Card Payment Form
 Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: Visa MasterCard American Express Discover

Credit Card Account #: 3794-868378-11003

Credit Card Expiration Date: 11/2010

Name as it Appears on Credit Card: MARTIN P. MANCO

Payment Amount: \$ (US Dollars): \$ 80.00

Cardholder Signature: Martin P. Manco **Date:** 8-22-06

Refund Policy: The USPTO may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The USPTO will not refund amounts of \$25.00 or less unless a refund is specifically requested and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be issued as a credit to the credit card account to which the fee was charged.

Service Charge: There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address 1: 7310 Turfway Rd. # 490

Street Address 2:

City: FLORENCE

State/Province: KY

Zip/Postal Code: 41042

Country: USA

Daytime Phone #: 859-282-8582

Fax #: 859-283-3105

Request and Payment Information

Description of Request and Payment Information:

TRADEMARK ASSIGNMENT CHANGES

<input type="checkbox"/> Patent Fee	<input type="checkbox"/> Patent Maintenance Fee	<input checked="" type="checkbox"/> Trademark Fee	<input type="checkbox"/> Other Fee
Application No.	Application No.	Application No.	IDON Customer No.
Patent No.	Patent No.	Registration No. 2,509,656 2,528,599	
Attorney Docket No.		Identify or Describe Mark ENDAL ACCUHIST	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Probst Pharmaceuticals

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation- State: _____
 Other Private Company

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) August 22, 2006

- Assignment Merger
 Security Agreement Change of Name
 Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes
 No

Name: PediaMed Pharmaceuticals, Inc.

Internal
Address: _____

Street Address: 7310 Turfway Rd. # 490

City: Florence

State: KY

Country: USA Zip: 41042

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other Private Company Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

2,509,656 - Endal

B. Trademark Registration No.(s)

2,528,599 - Accuhist

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Becky Davidson

Internal Address: _____

Street Address: 7310 Turfway Rd. # 490

City: Florence

State: KY Zip: 41042

Phone Number: 859-538-1300

Fax Number: 859-282-3105

Email Address: _____

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 80.00

- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 1003
Expiration Date 11/2010

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:

Becky Davidson

8/22/2006

Signature

Date

Becky Davidson

Name of Person Signing

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

Guidelines for Completing Trademarks Cover Sheets (PTO-1594)

Cover Sheet information must be submitted with each document to be recorded. If the document to be recorded concerns both patents and trademarks, separate patent and trademark cover sheets, including any attached pages for continuing information, must accompany the document. All pages of the cover sheet should be numbered consecutively for example, if both a patent and trademark cover sheet is used, and information is continued on one additional page for both patents and trademarks, the pages of the cover sheet would be numbered from 1 to 4.

Item 1. Name of Conveying Party(ies).

Enter the full name of the party(ies) conveying the interest. If there is more than one conveying party, enter a check mark in the "Yes" box to indicate that additional information is attached. The name of the second and any subsequent conveying party(ies) should be placed on an attached page clearly identified as a continuation of the information in Item 1. Enter a check mark in the "No" box, if no information is contained on an attached page.

Item 2. Name and Address of Receiving Party(ies).

Enter the name and full address of the first party receiving the interest. If there is more than one party receiving the interest, enter a check mark in the "Yes" box to indicate that additional information is attached. If the receiving party is an individual, check the "other" box, place the word "individual" in the following line, and enter the citizenship of the receiving individual. If the receiving party is a legal entity, designate the legal entity of the receiving party by checking the appropriate box. If the receiving party has more than one citizenship, then the citizenship of **each** partner should be specified on an additional sheet, and "See additional sheet" should be written on the line for citizenship. A corporation must set forth the state, if applicable, or country of incorporation. An association must set forth the state, if applicable, or country under which they are organized. If the receiving party is not domiciled in the United States, a designation of domestic representative is encouraged. Place a check mark in the appropriate box to indicate whether or not a designation of domestic representative is attached. Enter a check mark in the "No" box if no information is contained on an attached page.

Item 3. Nature of Conveyance/Execution Date(s).

Enter the execution date(s) of the document. It is preferable to use the name of the month, or an abbreviation of that name, to minimize confusion over dates. In addition, place a check mark in the appropriate box describing the nature of the conveying document. If the "Other" box is checked, specify the nature of the conveyance. The "Other" box should be checked if the conveying/receiving party is correcting a previously filed document.

Item 4. Application Number(s) or Registration Number(s).

Indicate the application number(s) including series code and serial number, and/or registration number(s) against which the document is to be recorded. The identification of the trademark should be provided for all properties to avoid recordation against the wrong property. A filing date should be provided only when the application or registration number is unknown. Enter a check mark in the appropriate box: "Yes" or "No" if additional numbers appear on attached pages. Be sure to identify numbers included on attached pages as the continuation of Item 4.

Item 5. Name and Address of Party to whom correspondence concerning document should be mailed.

Enter the name and full address of the party to whom correspondence is to be mailed.

Item 6. Total Applications and Trademarks Involved.

Enter the total number of applications and trademarks identified for recordation. Be sure to include all applications and registrations identified on the cover sheet and on additional pages.

Block 7. Total Fee Enclosed.

Enter the total fee enclosed or authorized to be charged. A fee is required for each application and registration against which the document is recorded.

Item 8. Payment Information.

Enter either the last four digits of your credit card and expiration date or the deposit account number and authorized user name to authorize charges.

Item 9. Signature.

Enter the name of the person submitting the document. The submitter must sign and date the cover sheet. Enter the total number of pages including the cover sheet, attachments, and document.

This collection of information is required by 35 USC 261 and 262 and 15 USC 1057 and 1060. The information is used by the public to submit (and by the USPTO to process) patent and trademark assignment requests. After the USPTO records the information, the records for patent and trademarks, assignments, and other associated documents can be inspected by the public. To view documents recorded under secrecy orders or documents recorded due to the interest of the federal government, a written authorization must be submitted. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the form to the USPTO. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Manager of the Assignment Division, Crystal Gateway 4, Room 310, 1213 Jefferson Davis Highway, Arlington, VA 22202. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450.



August 22, 2006

United States Patent & Trademark Office
Trademark Division

Dear Sir or Madame:

On June 28, 2002, PediaMed Pharmaceuticals, Inc., purchased the intellectual property rights of USPTO Serial # 76/160,636 and 76/045,479 from Propst Pharmaceuticals, Huntsville, Alabama.

These are currently assigned to Propst Pharmaceuticals and we wish to change the assignment to PediaMed Pharmaceuticals.

If you have any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Marty Manco".

Marty Manco
Vice President

7310 Turfway Road, Suite 490, Florence, KY 41042
Phone: 859-282-8582 Fax: 859-282-3105
Toll Free: 1-866-543-6337
Website: www.pediamedpharma.com