

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM328277

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Mid Cap Funding IV, LLC, as agent		10/20/2014	LIMITED LIABILITY COMPANY:

RECEIVING PARTY DATA

Name:	Millennium Pharmacy Systems, Inc.
Street Address:	Cranberry Business Park, Building 120
Internal Address:	100 East Kensing Drive, Suite 500
City:	Cranberry Twp
State/Country:	PENNSYLVANIA
Postal Code:	16066
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 14

Property Type	Number	Word Mark
Serial Number:	77827875	M
Serial Number:	76481526	M P S RX
Serial Number:	77460677	MPSRX
Serial Number:	77460682	MPSRX
Serial Number:	77460684	MPSRX
Serial Number:	77536226	MPACT
Serial Number:	77536237	MPACT
Serial Number:	77874155	MPSRX
Serial Number:	77837901	MPSRX
Serial Number:	77837925	MPSRX
Serial Number:	77806602	PHARMACY BEDSIDE
Serial Number:	77806271	PHARMACY REPORTS & RECORDS DESK
Serial Number:	77806588	PHARMACY RESPONSE
Serial Number:	77806595	PHARMACY WINDOW

CORRESPONDENCE DATA

Fax Number: 6157263575

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

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using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: 615-244-5200
Email: francine.vanaelst@stites.com
Correspondent Name: Stites & Harbison PLLC
Address Line 1: 401 Commerce Street
Address Line 2: Suite 800
Address Line 4: Nashville, TENNESSEE 37219

ATTORNEY DOCKET NUMBER:	PH062/000PH
NAME OF SUBMITTER:	Francine M VanAelst
SIGNATURE:	/Francine VanAelst/
DATE SIGNED:	01/07/2015

Total Attachments: 1
source=Midcap IV#page1.tif

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 05:53 PM 10/20/2014
INITIAL FILING # 2014 0710954
AMENDMENT # 2014 4220182
SRV: 141313421

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscinfo.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
91550794 - 359210
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703-4261
Filed In: Delaware (S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
20140710954 2/24/2014
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. [X] TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement
3. [] ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
4. [] CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. [] PARTY INFORMATION CHANGE:
Check one of these two boxes: AND Check one of these three boxes to:
This Change affects [] Debtor or [] Secured Party of record [] CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c [] ADD name: Complete item 7a or 7b, and item 7c [] DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)
6a. ORGANIZATION'S NAME: MILLENNIUM PHARMACY SYSTEMS, INC.
OR
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME
OR
7b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

8. [] COLLATERAL CHANGE: Also check one of these four boxes: [] ADD collateral [] DELETE collateral [] RESTATE covered collateral [] ASSIGN collateral
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here [] and provide name of authorizing Debtor
9a. ORGANIZATION'S NAME: MidCap Funding IV, LLC
OR
9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 91550794