

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	RECORDATION FORM COVERSHEET TRADEMARK ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Interstate Drug Exchange</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>IDE Interstate Inc</u> Internal Address: _____ Street Address: <u>1500 New Horizons Blvd</u> City: <u>Amityville</u> State: <u>NY</u> Zip: <u>11701</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>New York</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, and domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </small>	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>12/1/96</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>805026; 1538900; 1537897</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning documents should be mailed: Name: <u>Francine Miller</u> Internal Address: <u>Donovan & Yee LLP</u> Street Address: <u>110 Greene St</u> <u>Suite 700</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10012</u>	6. Total number of applications and registrations involved: 3 7. Total fee (37 CFR 3.41).....\$ <u>90.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>50-0357</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
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9. Statement and signature. <small>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.</small> <u>Francine Miller</u> <u>Francine Miller</u> <u>4-17-02</u> Name of Person Signing Signature Date <small>Total number of pages including coversheet, attachments, and document: 2</small>		

Mail documents to be recorded with required coversheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
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CERTIFICATE OF TRANSMISSION

I hereby certify that the foregoing Recordation Form Cover Sheet (Trademark Only) is being facsimile transmitted to the Patent and Trademark Office Assignment Branch on April 17, 2002.


Name: Mary Ann Boyce