RECORD

04-10-2003



RCE Office

(Rev. 10/02) OMB No. 0651-00

Form PTO-1594

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To the Honorable Commissioner of Patents and Trademarks: F	Please record the attached original documents or copy thereof.
1. Name of conveying party(ies):	Name and address of receiving party(ies)
Molina Healthcare, Inc. 4-7-73	Name: Bank of America, N.A.
	Internal CAS 704 05 40
Individual(s) Association	Address: <u>CA5-701-05-19</u>
	Street Address: 1455 Market Street
General Partnership Limited Partnership	City:_San FranciscoState:_CA_Zip:_94103
Corporation-State	State. On Zip: 04100
Other	Individual(s) citizenship
	Association National Association
Additional name(s) of conveying party(ies) attached? Yes No	General Partnership
3. Nature of conveyance:	Limited Partnership
Assignment Merger	
Security Agreement Change of Name	Corporation-State
	Other If assignee is not domiciled in the United States, a domestic
Other	representative designation is attached: Yes No (Designations must be a separate document from assignment)
Execution Date: 03/19/2003	Additional name(s) & address(es) attached? Yes V No
4. Application number(s) or registration number(s):	
A. Trademark Application No.(s) Not applicable	B. Trademark Registration No.(s) 2,549,167 056774
7. Fraderian Application No.(6)	2,619,593 2,619,592 2,555,014 056763
Additional number(s) at	ached Yes V No
5. Name and address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: McGuireWoods LLP	
Internal Address: Attention: Willie Robinson	7. Total fee (37 CFR 3.41) <u>\$ 165.00</u>
	✓ Enclosed
	Authorized to be charged to deposit account
Street Address:	8. Deposit account number:
Suite 2900	
City: Charlotte State: NC Zip: 28202	
	THE CDACE
9. Signature.	I NIS SPACE
o. Oignature.	
Willie H. Robinson, Jr.	4/1/03
	gnature Date

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

INTELLECTUAL PROPERTY SECURITY AGREEMENT

This INTELLECTUAL PROPERTY SECURITY AGREEMENT, dated as of March 19, 2003 (this "Agreement"), among MOLINA HEALTHCARE, INC., a California corporation (the "Borrower"), the other Persons (such capitalized term and all other capitalized terms not otherwise defined herein to have the meanings provided for in the Security Agreement referred to below) identified in the signature page hereof (the Borrower and such other Persons are each referred to herein, individually, as a "Grantor" and, collectively, as the "Grantors"), and BANK OF AMERICA, N.A., as administrative agent and collateral agent (in such capacity, the "Administrative Agent") for the Secured Parties.

WITNESSETH:

WHEREAS, pursuant to a Security Agreement dated as of March 19, 2003 (as such agreement may be amended, amended and restated, supplemented or otherwise modified from time to time, the "Security Agreement"), among the Grantors and the Administrative Agent and in order to obtain the benefits referred to therein, each Grantor has granted to the Administrative Agent a security interest in substantially all of such Guarantor's property, including, without limitation, the Collateral referred to in Section 1 below; and

WHEREAS, pursuant to the Security Agreement, each Grantor has agreed to execute this Agreement in respect of its Collateral for recording with the U.S. Patent and Trademark Office and any other office in which a security interest in the Collateral may be recorded under the laws of any other applicable jurisdiction;

NOW, THEREFORE, in consideration of the premises and the mutual covenants and agreements hereinafter set forth, each Grantor and the Administrative Agent agree as follows:

- 1. Grant of Security. Each Grantor hereby grants to the Administrative Agent for the ratable benefit of the Secured Parties a security interest in and to all of such Grantor's right, title and interest in and to the following (the "Collateral"):
- (a) the United States and foreign trademark and service mark registrations, applications, and licenses set forth in <u>Schedule A</u> hereto opposite the name of such Grantor, as <u>Schedule A</u> may be supplemented from time to time by supplements to the Security Agreement and this Agreement which may be executed and delivered by such Grantor to the Administrative Agent from time to time (the "<u>Trademarks</u>");
- (b) any and all claims for damages for past, present and future infringement, misappropriation or breach with respect to the Trademarks, with the right, but not the obligation, to sue for and collect, or otherwise recover, such damages; and
 - (c) any and all Proceeds of the foregoing.

Intellectual Property Security Agreement

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- 2. Security for Obligations. The pledge and collateral assignment of, and the grant of a security interest in, the Collateral by each Grantor under this Agreement secures the payment of all Secured Obligations of such Grantor now or hereafter existing under or in respect of the Loan Documents, whether direct or indirect, absolute or contingent, and whether for principal, reimbursement obligations, interest, premiums, penalties, fees, indemnifications, contract causes of action, costs, expenses or otherwise.
- 3. Recordation. Each Grantor authorizes and requests that the Register of Copyrights, the Commissioner of Patents and Trademarks and any other applicable government officer record this Agreement.
- 4. Execution in Counterparts. This Agreement may be executed in any number of counterparts, each of which when so executed shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
- 5. Grants, Rights and Remedies. This Agreement has been entered into in conjunction with the provisions of the Security Agreement. Each Grantor does hereby acknowledge and confirm that the grant of the security interest hereunder to, and the rights and remedies of, the Administrative Agent with respect to the Collateral are more fully set forth in the Security Agreement, the terms and provisions of which are incorporated herein by reference as if fully set forth herein.
- 6. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York.

[Signatures follow.]

- 2 -

IN WITNESS WHEREOF, the parties hereto have executed this Agreement by their duly authorized officers as of the day and year first above written.

MOLINA	HEALTHCARE,	INC.
("Borrowe	<u>r</u> '')	

By: John C. Molina

Title: Executive Vice President

Address for notices to any Grantor: c/o Molina Healthcare, Inc.

One Golden Shore Drive Long Beach, CA 90802

Attention: John C. Molina, Executive

Vice President

Telephone: (562) 435-3666, Ext. 1128

Facsimile: (562) 495-7770

BANK OF AMERICA, N.A.,

as Administrative Agent ("Administrative Agent")

By:		
Name:		
Title:		

Address for notices to Administrative Agent:

Bank of America, N.A.
Agency Management
1455 Market Street
Mail Code: CA5-701-05-19
San Francisco, CA 94103
Attention: Cassandra McCain
Telephone: 415-436-3400
Facsimile: 415-503-5133

With a copy to:
Bank of America, N.A.
Healthcare Portfolio Management
100 North Tryon Street
Mail Code: NC1-007-17-11
Charlotte, NC 28255

Attention: Joseph Corah Telephone: 704-386-5976 Facsimile: 704-388-6002

Signature Page
Intellectual Property Security Agreement

IN WITNESS WHEREOF, the parties hereto have executed this Agreement by their duly authorized officers as of the day and year first above written.

MOLINA	HEALTHCARE,	INC.
("Borrowe	<u>r</u> ")	

By: Name:

Title:

Address for notices to any Grantor: c/o Molina Healthcare, Inc.

One Golden Shore Drive Long Beach, CA 90802

Attention: John C. Molina, Executive

Vice President

Telephone: (562) 435-3666, Ext. 1128

Facsimile: (562) 495-7770

BANK OF AMERICA, N.A.,

as Administrative Agent

("Administrative Agent")

By: Name: Joseph L. Corah

Title: Principal

Address for notices to Administrative Agent:

Bank of America, N.A. Agency Management 1455 Market Street

Mail Code: CA5-701-05-19 San Francisco, CA 94103 Attention: Cassandra McCain Telephone: 415-436-3400 Facsimile: 415-503-5133

With a copy to:

Bank of America, N.A.

Healthcare Portfolio Management

100 North Tryon Street

Mail Code: NC1-007-17-11

Charlotte, NC 28255 Attention: Joseph Corah Telephone: 704-386-5976 Facsimile: 704-388-6002

STATE OF California COUNTY OF Los Angeles
I, Mona Rene Scott , a Notary Public for said County and State, do hereby certify that John C. Molina personally came before me this day and acknowledged that (a) he is Executive Vice Pres. of Molina Healthcare, Inc., a California corporation, and acknowledged, on behalf of Molina Healthcare, Inc., the due execution of the foregoing instrument.
Witness my hand and official seal, this the <u>18th</u> day of March, 2003.
MONARENE SCOTT Commission # 1255608 Notary Public - California Los Angeles County My Comm. Expires May 4, 2004

My Commission expires March 4, 2004

Item A. Trademarks

Registered Trademarks

Grantor	Country	<u>Trademark</u>	Registration No.	Registration Date
Molina Healthcare, Inc.	United States	Molina	2,549,167	3/19/2002
Molina Healthcare, Inc.	United States	Molina Medical Centers	2,619,593	9/17/2002
Molina Healthcare, Inc.	United States	Molina Healthcare	2,619,592	9/17/2002
Molina Healthcare, Inc.	United States	"Molina Logo" (three people)	2,555,014	4/2/2002
Molina Healthcare, Inc.	California	Express Referral	056763	11/1/2002
Molina Healthcare, Inc.	California	Motherhood Matters	056774	11/1/2002

Pending Trademark Applications

<u>Grantor</u>	Country	<u>Trademark</u>	Serial No.	Filing Date
None				

Trademark Applications in Preparation

<u>Grantor</u> None	Country	<u>Trademark</u>	Docket No.	Expected Filing Date	Products/ Services
Item B. Trade Country or <u>Territory</u> None	mark Licenses <u>Trademark</u>	<u>Licensor</u>	<u>Licensee</u>	Effective <u>Date</u>	Expiration <u>Date</u>

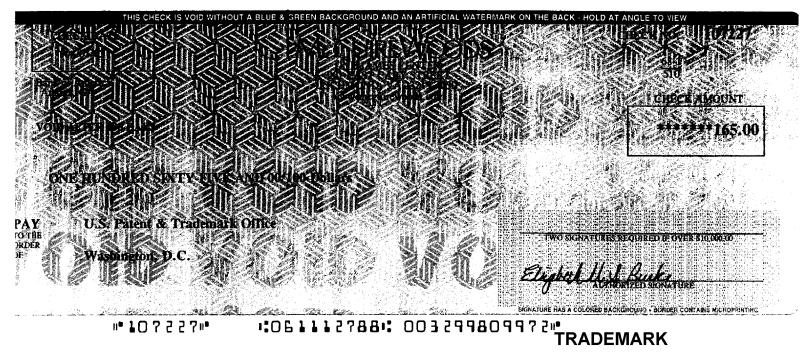
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TRADEMARK REEL: 002709 FRAME: 0318 MCGUIREWOODS LLP VENDOR: **USPAT** CHECK NO.: 107227

MCGOIKEWO	ODS LLI		VENDOR:	USPAI	NO.: 10/22/
REF.#	INV.#	DATE	INVOICE AMOUNT	INVOICE DESCRIPTION	AMOUNT PAID
REF. # 1038450	INV. # 040103	DATE 04-01-03	INVOICE AMOUNT 165.00	INVOICE DESCRIPTION Return check to Willie Robinson- Charlotte Office	AMOUNT PAID 165.00

Total Amount of Check:

165.00



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REEL: 002709 FRAME: 0319

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wrobinson@mcguirewoods.com Direct Fax: 704.373.6258

April 3, 2003

VIA OVERNIGHT MAIL

AFR 0 7 2003

Commissioner of Patent and Trademarks Box Assignments Washington, DC 20231

Re: Molina Healthcare, Inc.

Dear Sir or Madam:

With respect to the above referenced matter, please find enclosed for recordation, the executed cover sheet to the Security Agreement conveyance.

It has come to our attention that the item number 9 on the Recordation Coversheet previously submitted to you was forwarded to you unexecuted. We are forwarding an executed Recordation Coversheet to you at this time.

Please note that on April 3, 2003, you should have received under separate cover the trademark recordation documents granting a security interest in six (6) registered trademarks as noted in the Intellectual Property Security Agreement between Molina Healthcare, Inc. and Bank of America, N.A. as Administrative Agent. In addition, you should have received our check in the amount of \$165.00 to cover the recording fees. For your convenience we have attached a copy of the items sent you on April 3, 2003.

We respectfully request that the enclosed executed coversheet become a part of the filing. We apologize for any inconvenience our error may have caused. If you require any further information or have any questions, please do not hesitate to contact me at the above number. Thank you.

Very truly yours,

Willie H. Robinson, Jr.

Legal Assistant

Enclosures

TRADEMARK
REEL: 002709 FRAME: 0320

wrobinson@mcguirewoods.com Direct Fax: 704.373.6258



April 1, 2003

VIA OVERNIGHT MAIL

Commissioner of Patent and Trademarks Box Assignments Washington, DC 20231

Dear Sir or Madam:

Enclosed for recordation is the following document:

(i) Intellectual Property Security Agreement between Molina Healthcare, Inc. and others as Borrowers and Bank of America, N.A. as Administrative Agent, granting a security interest in six (6) registered trademarks.

Also enclosed is a check in the amount of \$165.00 to cover the recording fees. Please record the enclosed document and return proof of recordation to me at the above address.

If you require any further information please contact me at the above number. Thank you.

Very truly yours,

Willie H. Robinson, Jr.

Legal Assistant

Enclosures

TRADEMARK
REEL: 002709 FRAME: 0321

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Form PTO-1594 RECORDATION FORM COVER SHEET (Rev. 10/02) TRADEMARKS ONLY U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office			
Tab settings ⇔⇔ ♥ ▼	<u>▼</u> ▼ ▼ ▼		
To the Honorable Commissiones Patents and Ademarks: F	Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies):	Name and address of receiving party(ies) Name: Bank of America, N.A.		
Molina Healthcare, Inc.	Internal Address: <u>CA5-701-05-19</u>		
Individual(s) General Partnership Limited Partnership	Street Address: 1455 Market Street		
Corporation-State Other	City: San Francisco State: CA Zip: 94103		
Additional name(s) of conveying party(ies) attached? Yes No	Association National Association		
3. Nature of conveyance:	General Partnership		
Assignment Merger	Limited Partnership Corporation-State		
Security Agreement Change of Name	Other		
Other	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes V No		
Execution Date: 03/19/2003	(Designations must be a separate document from assignment) Additional name(s) & address(es) attached?YesNo		
Application number(s) or registration number(s): Not applicable A. Trademark Application No.(s)	B. Trademark Registration No.(s) 2,549,167 056774 2,619,593 2,619,592 2,555,014 056763		
Additional number(s) at	tached Yes 🗸 No		
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and registrations involved:		
Name: McGuireWoods LLP	165.00		
Internal Address: Attention: Willie Robinson	7. Total fee (37 CFR 3.41) <u>\$_165.00</u>		
	✓ Enclosed		
	Authorized to be charged to deposit account		
Street Address: 100 North Tryon Street Suite 2900	8. Deposit account number:		
City: Charlotte State: NC Zip:28202			
DO NOT USE THIS SPACE			
9. Signature.			
Willie H. Robinson, Jr.	4/1/03 Date		
Name of Person Signing Signature Total number of pages including cover sheet, attachments, and document: Total number of pages including cover sheet, attachments, and document:			

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

TRADEMARK REEL: 002709 FRAME: 0322

RECORDED: 04/07/2003