

6-24-03

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Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

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S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

McKesson Corporation

- Individual(s)
- General Partnership
- Corporation-State
- Other Delaware (corporation)
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

Execution Date: 01/14/2003

2. Name and address of receiving party(ies)

Name: McKesson Automation Systems Inc.

Internal

Address: _____

Street Address: 4333 Shreveport Highway

City: Pineville State: LA Zip: 71360

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Louisiana
- Other

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)

Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s) 78/149694;
78/150266; 78/199029

B. Trademark Registration No.(s) None

Additional number(s) attached Yes No

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

Name: McKesson Corporation

Internal Address: Nina Steinman-34th floor

Street Address: One Post Street

City: San Francisco State: CA Zip: 94104

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41).....\$ 90

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

501457

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9. Signature.

Nina Steinman

Name of Person Signing

Nina Steinman
Signature

June 24, 2003

Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): 6-24-03

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other Delaware

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
 Name: McKesson Automation Systems Inc.
 Internal Address: _____
 Address: _____
 Street Address: 4333 Shreveport Highway
 City: Pineville State: LA Zip: 71360

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Louisiana
 Other _____

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