

04-19-2004



102723959

VER SHEET

1. Name of conveying party(ies): Daniel L. Dunn Dogu Celebi		2. Name and address of receiving party(ies): Name: Integrated Healthcare Information Services, Inc. Street: 950 Winter Street, Suite 2200 City: Waltham State: MA ZIP: 02451	
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment		Execution Date(s): April 7, 2004	
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: <div style="border: 1px solid black; height: 20px; width: 600px; margin: 5px 0;"></div> A. Patent Application No(s): <u>10/688,858</u> B. Patent No.(s):			
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Michael J. Buchenhorner Firm Name: Holland & Knight LLP Street Address: 701 Brickell Avenue City: Miami State: FL Zip: 33131		6. Total number of applications and patents involved: ONE	
		7. Total fee (37 CFR 3.41).....\$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account	
		8. Deposit Account Number: 50-2870	

04/15/2004 LHMELLER 00000143 502870 10688858

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9. Statement and signature:

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.

Attorney/Agent: Michael J. Buchenhorner Date: April 8, 2004
Michael J. Buchenhorner, Reg.No. 33,162

Total number of pages including cover sheet, attachment(s), and document: 2

DOCKET NUMBER: 069090.00001

ASSIGNMENT

Whereas, I/we:

INVENTOR (1): Daniel L. Dunn
COUNTY: Middlesex
CITY: Bedford
STATE: Massachusetts

INVENTOR (2): Dogu Celebi
COUNTY: Middlesex
CITY: Bedford
STATE: Massachusetts

have invented certain improvements in

TITLE: **System and Method for Assessing Healthcare Risks**

and executed, respectively, a United States patent application therefor on the following date(s):

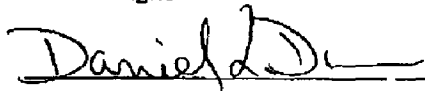
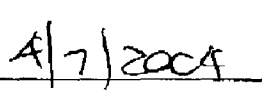
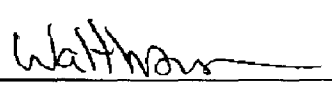
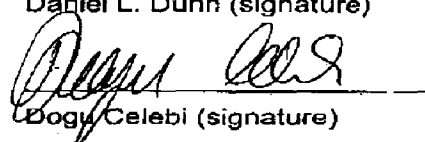
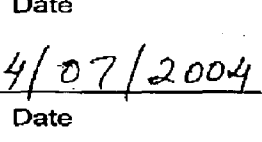
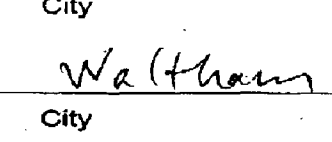
DATE THAT INVENTOR(S) SIGNED THE DECLARATION

(1) _____ (2) _____

Whereas, Integrated Healthcare Information Services, Inc., a corporation of Massachusetts, having a place of business at Waltham, Massachusetts, (hereinafter called IHCIS), desires to acquire the entire right, title and interest in the said application and invention, and to any United States and foreign patents to be obtained therefor;

Now therefore, for a valuable consideration, receipt whereof is hereby acknowledged, I, the above named, hereby sell, assign, and transfer to IHCIS, its successors and assigns, the entire right, title and interest in the said application and invention therein disclosed for the United States and foreign countries, and all rights of priority resulting from the filing of said United States application, and I request the Commissioner of Patents to issue any Letters Patent granted upon the inventions set forth in said applications to IHCIS, its successors and assigns; and I hereby agree that IHCIS may apply for foreign Letters Patent on said invention and I will execute all papers necessary in connection with the United States and foreign applications when called upon to do so by IHCIS.

Signed

		
Daniel L. Dunn (signature)	Date	City
		
Dogu Celebi (signature)	Date	City