
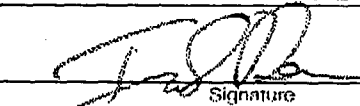


Form PTO-1595 (Rev. 07/05)
OMB No. 0651-0027 (exp. 6/30/2008)

04-13-2006

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

<p>4/10/06</p>  <p>103176588</p>	
<p>To the Director of the U.S. Patent and Trademark Office, _____</p> <p>ments or the new address(es) below.</p>	
<p>1. Name of conveying party(ies): Les PAUL, M.D. (08/09/2005), Amy FOLEY (08/11/2005), Brian F. EZROW (08/11/2005), David B. SNOW, Jr. (08/10/2005) Additional name(s) of conveying party(ies) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Medco Health Solutions, Inc.</u> Internal Address: _____ Street Address: _____ 100 Parsons Pond Drive City: <u>Franklin Lakes</u> State: <u>New Jersey</u> Country: <u>United States of America</u> Zip: <u>07417-2603</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance/Execution Date(s): Execution Date(s): in parentheses after inventor name <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input checked="" type="checkbox"/> Other <u>CORRECTIVE COVER SHEET</u> <u>TO ADD THE TITLE</u></p>	<p>4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>NO TO TWO</u> <u>11/052376</u> <u>ASSIGNORS ON R/F 017128/0219</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Irah H. Donner</u> <u>WILMER CUTLER PICKERING HALE AND DORR LLP</u> Internal Address: <u>Atty. Dkt.: 103864.154 US1</u> Street Address: <u>399 Park Avenue</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10022</u> Phone Number: <u>(212) 230-8800</u> Fax Number: <u>(212) 230-8888</u> Email Address: _____</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)</p> <p>8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>08-0219</u> Authorized User Name <u>Irah H. Donner</u></p>
<p>9. Signature:  Signature _____ Date <u>MAR 7, 2006</u> <u>Irah H. Donner - 35.120</u> Name of Person Signing</p>	
<p>Total number of pages including cover sheet, attachments, and documents. 12</p>	

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 306-5995, on the date shown below.

Dated: March 7, 2006 Signature:  (Irah H. Donner)

RECORDATION FORM COVER SHEET (continued)	
Form PTO-1595	
Additional Conveying Party(ies)/Execution Date(s) (1. Continued): Ella BERGER (08/12/2005), Robert S. EPSTEIN, M.D. (08/11/2005), Beth BIRD (08/16/2005), Marianne JACKS (08/15/2005), Tej ANAND (08/11/2005), and Vicente L. CARIDE (08/16/2005)	
Additional Assignees (2. Continued):	
Assignee Name: _____ Internal Address: _____ Street Address: _____ City: _____ State: _____ Country: _____ Zip: _____	
Assignee Name: _____ Internal Address: _____ Street Address: _____ City: _____ State: _____ Country: _____ Zip: _____	
Assignee Name: _____ Internal Address: _____ Street Address: _____ City: _____ State: _____ Country: _____ Zip: _____	
Additional Applications and/or Patents (4. Continued):	
Additional Patent Application Numbers 4A. Continued:	Additional Patent Numbers 4B. Continued:
Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	


12/16/2005
700231597

Form PTO-1595 (Rev. 07/05)
OMB No. 0951-0027 (exp. 05/0/2008)

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

RECORDATION FORM COVER SHEET
PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies): Les PAUL (08/09/2005), Amy Foley (08/11/2005), Brian F. Ezrow (08/11/2005), David B. Snow, Jr. (08/10/2005), Additional name(s) of conveying party(ies) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>Medco Health Solutions, Inc.</u> Internal Address: _____ Street Address: _____ 100 Parsons Pond Drive City: <u>Franklin Lakes</u> State: <u>New Jersey</u> Country: <u>United States of America</u> Zip: <u>07417-2603</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance/Execution Date(s): Execution Date(s): <u>In parentheses after inventor name</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____			
4. Application or patent number(s): A. Patent Application No.(s) <u>11/052376</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Irah H. Donner</u> <u>WILMER CUTLER PICKERING HALE AND DORR LLP</u> Internal Address: <u>Atty. Dept.: 103804.154 US1</u> Street Address: <u>399 Park Avenue</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10022</u> Phone Number: <u>(212) 230-8800</u> Fax Number: <u>(212) 230-8888</u> Email Address: _____		6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)	
		8. Payment Information a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>08-0219</u> Authorized User Name <u>Irah H. Donner</u>	
9. Signature:  Signature <u>Irah H. Donner - 35,120</u> Name of Person Signing		Date <u>September 13, 2005</u> Total number of pages including cover sheet, attachments, and documents: <u>12</u>	

CH \$40.00 080219 11052376

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 306-5995, on the date shown below.
Dated: September 13, 2005 Signature: Irah H. Donner (Irah H. Donner)

6265263

Form PTO-1595		RECORDATION FORM COVER SHEET (continued)	
Additional Conveying Party(ies)/Execution Date(s) (1. Continued): Ella Berger (08/12/2005), Robert S. EPSTEIN (08/11/2005), Bath BIRD (08/16/2005), Marianne JACKS (08/15/2005), Tej ANAND (08/11/2005), and Vicente L. Caride (08/16/2005)			
Additional Assignees (2. Continued):			
Assignee Name: _____			
Internal Address: _____			
Street Address: _____			
City: _____ State: _____ Country: _____ Zip: _____			
Assignee Name: _____			
Internal Address: _____			
Street Address: _____			
City: _____ State: _____ Country: _____ Zip: _____			
Assignee Name: _____			
Internal Address: _____			
Street Address: _____			
City: _____ State: _____ Country: _____ Zip: _____			
Additional Applications and/or Patents (4. Continued):			
Additional Patent Application Numbers 4A. Continued:		Additional Patent Numbers 4B. Continued:	
Additional numbers attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Docket No.: 103864-154 US1

ASSIGNMENT

WHEREAS I/WE, Les Paul, M.D., of Greenville, DE; Amy Foley, of Pompton Lakes, NJ; Brian F. Ezrow, of Quakertown, PA; David B. Snow, Jr., of Darien, CT; Ella Berger, of Fair Lawn, NJ; Robert S. Epstein, M.D., of Upper Grandview, NY; Beth Bird, of Chicago, IL; Marianne Jacks, of Mountain Lakes, NJ; Tej Anand, of Chappaqua, NY; and Vicnete L. Caride, of New York, NY, have made a certain new and useful invention as set forth in an application for United States Letters Patent, entitled

SYSTEMS AND METHODS FOR SIMULATING A CHANGE TO A PRESCRIPTION DRUG PLAN,

for which an application for United States Letters Patent was filed on February 7, 2005, and identified by United States Application Serial No. 11/052,376;

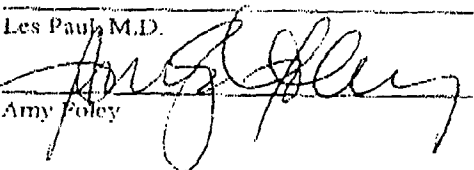
AND WHEREAS, Medco Health Solutions, Inc., a corporation of the State of Delaware, and having an address of 100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417-2603, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any and all Letters Patent of the United States and foreign countries which may be obtained therefor;

NOW, THEREFORE, for good and valuable consideration, the receipt for and sufficiency of which is hereby acknowledged, I/We do hereby sell, assign, transfer and set over unto Medco Health Solutions, Inc., its legal representatives, successors, and assigns, the entire right, title and interest in and to said invention as set forth in the above-mentioned application and any modifications and/or improvements therefor (hereinafter "invention"), any patent applications in the United States and foreign countries, including Provisional Application No. 60/541,905, filed February 6, 2004, and any original applications, formal applications, continuation applications, continuations-in-part applications, request for continued examination applications, divisional applications, reissue applications, re-examinations or extensions thereof, and in and to any and all patents of the United States and foreign countries which may be issued for said invention, and all rights to claim priority therefrom and/or thereto; and any copyright or designs associated with or in said invention, and all rights of action and damages for any past, present or future infringement relating thereto, including all rights of actions and damages from publication of the patent applications and/or issuance of any patent relating thereto;

UPON SAID CONSIDERATIONS, I/We hereby agree with the said assignee that I/We will not execute any writing or do any act whatsoever conflicting with these presents, and that I/We will, at any time upon request, without further or additional consideration but at the expense of said assignee, execute such additional assignments and other writings and do such additional acts as said assignee may deem necessary or desirable to perfect the assignee's enjoyment of this grant, and render all necessary assistance in making application for and obtaining original, divisional, continuations, continuations-in-part, reexamined, reissued, or extended Letters Patent of the United States or of any and all foreign countries on said invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, by giving testimony in any proceedings or transactions involving such applications or patents, and by executing preliminary statements and other affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of the assigns and legal representatives of assignor and assignee;

The undersigned hereby grant(s) the firm of Wilmer Cutler Pickering Hale and Dorr LLP and Medco Health Solutions, Inc. the power to insert on this Assignment any further identification, including the application number and filing date, which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

AND I/We request the Commissioner for Patents to issue any Letters Patent of the United States which may be issued for said invention to said Medco Health Solutions, Inc., its legal representatives, successors or assigns, as the sole owner of the entire right, title and interest in and to said patent(s) and the invention covered thereby.

Les Paul, M.D.

Amy Foley

Date
8.11.05
Date

Brian F. Barrow
Brian F. Barrow

8/4/05
Date

David B. Snow, Jr.
David B. Snow, Jr.

8-10-05
Date

Ella Berger
Ella Berger

8/12/05
Date

Robert S. Epstein, M.D.
Robert S. Epstein, M.D.

8/11/05
Date

Beth Bird
Beth Bird

8/6/05
Date

Marisline Jacks
Marisline Jacks

8/15/05
Date

Tej Anand
Tej Anand

08/11/05
Date

Vicente L. Caride
VICENTE

8/16/05
Date

STATE OF _____)
COUNTY OF _____) SS:

On this _____ day of _____, 20____, before me personally appeared Les Paul, M.D., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF New Jersey)
COUNTY OF Passaic) SS:

On this 11th day of August, 2005, before me personally appeared Amy Foley, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Amy J. Foley
Notary Public

My commission expires Mar 3, 2007

STATE OF New Jersey)
COUNTY OF Passaic) SS:

On this 11th day of August, 2005, before me personally appeared Brian F. Ezrow, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Alamy Hood
Notary Public
My commission expires Mar 3, 2007

STATE OF New Jersey)
COUNTY OF Bergen) SS:

On this 11th day of August, 2005, before me personally appeared David B. Snow, Jr., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Jeanne J. Hoffman
Notary Public
My commission expires 11/06/08

STATE OF New Jersey)
COUNTY OF Passaic) SS:

On this 12th day of August, 2005, before me personally appeared Ella Berger, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Alamy Hood
Notary Public
My commission expires Mar 3, 2007

STATE OF New Jersey)
) SS:
COUNTY OF Bergen)

On this 11th day of August, 2005, before me personally appeared Robert S. Epstein, M.D., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Theresa Dymkowski
Notary Public
My commission expires 7-23-07

STATE OF New Jersey)
) SS:
COUNTY OF Bergen)

On this 16th day of August, 2005, before me personally appeared Beth Bird, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Theresa Dymkowski
Notary Public
My commission expires 7-23-07

STATE OF New Jersey)
) SS:
COUNTY OF Bergen)

On this 15th day of August, 2005, before me personally appeared Marianne Jacks, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Theresa Dymkowski
Notary Public
My commission expires 7-23-07

STATE OF New Jersey)
COUNTY OF Bergen) SS:

On this 11th day of August, 2005, before me personally appeared Tej Anand, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Theresa Ruyker
Notary Public
My commission expires 7-23-07

STATE OF New Jersey)
COUNTY OF Bergen) SS:

On this 11th day of AUGUST, 2005, before me personally appeared ^{Vicente} ~~Vicente~~ L. Caride, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Theresa Ruyker
Notary Public
My commission expires 7-23-07

Docket No.: 103864-154 US1

ASSIGNMENT

WHEREAS I/WE, Les Paul, M.D., of Greenville, DE; Amy Foley, of Pompton Lakes, NJ; Brian F. Ezrow, of Quakertown, PA; David B. Snow, Jr., of Darien, CT; Ella Berger, of Fair Lawn, NJ; Robert S. Epstein, M.D., of Upper Grandview, NY; Beth Bird, of Chicago, IL; Marianne Jacks, of Mountain Lakes, NJ; Tej Anand, of Chappaqua, NY; and Vicete L. Caride, of New York, NY, have made a certain new and useful invention as set forth in an application for United States Letters Patent, entitled

SYSTEMS AND METHODS FOR SIMULATING A CHANGE TO A PRESCRIPTION DRUG PLAN,

for which an application for United States Letters Patent was filed on February 7, 2005, and identified by United States Application Serial No. 11/052,376;

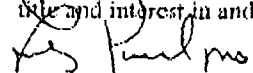
AND WHEREAS, Medco Health Solutions, Inc., a corporation of the State of Delaware, and having an address of 100 Parsons Pond Drive, Franklin Lakes, New Jersey 07417-2603, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any and all Letters Patent of the United States and foreign countries which may be obtained therefor;

NOW, THEREFORE, for good and valuable consideration, the receipt for and sufficiency of which is hereby acknowledged, I/We do hereby sell, assign, transfer and set over unto Medco Health Solutions, Inc., its legal representatives, successors, and assigns, the entire right, title and interest in and to said invention as set forth in the above-mentioned application and any modifications and/or improvements therefor (hereinafter "invention"), any patent applications in the United States and foreign countries, including Provisional Application No. 60/541,905, filed February 6, 2004, and any original applications, formal applications, continuation applications, continuations-in-part applications, request for continued examination applications, divisional applications, reissue applications, re-examinations or extensions thereof, and in and to any and all patents of the United States and foreign countries which may be issued for said invention, and all rights to claim priority therefrom and/or thereto; and any copyright or designs associated with or in said invention, and all rights of action and damages for any past, present or future infringement relating thereto, including all rights of actions and damages from publication of the patent applications and/or issuance of any patent relating thereto;

UPON SAID CONSIDERATIONS, I/We hereby agree with the said assignee that I/We will not execute any writing or do any act whatsoever conflicting with these presents, and that I/We will, at any time upon request, without further or additional consideration but at the expense of said assignee, execute such additional assignments and other writings and do such additional acts as said assignee may deem necessary or desirable to perfect the assignee's enjoyment of this grant, and render all necessary assistance in making application for and obtaining original, divisional, continuations, continuations-in-part, reexamined, reissued, or extended Letters Patent of the United States or of any and all foreign countries on said invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, by giving testimony in any proceedings or transactions involving such applications or patents, and by executing preliminary statements and other affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of the assigns and legal representatives of assignor and assignee;

The undersigned hereby grant(s) the firm of Wilmer Cutler Pickering Hale and Dorr LLP and Medco Health Solutions, Inc. the power to insert on this Assignment any further identification, including the application number and filing date, which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

AND I/We request the Commissioner for Patents to issue any Letters Patent of the United States which may be issued for said invention to said Medco Health Solutions, Inc., its legal representatives, successors or assigns, as the sole owner of the entire right, title and interest in and to said patent(s) and the invention covered thereby.



Les Paul, M.D.

8/5/2005

Date

Amy Foley

Date

_____ Brian F. Ezrow	_____ Date
_____ David B. Snow, Jr.	_____ Date
_____ Ella Berger	_____ Date
_____ Robert S. Epstein, M.D.	_____ Date
_____ Beth Bird	_____ Date
_____ Marianne Jacks	_____ Date
_____ Tej Anand	_____ Date
_____ Vicente L. Caride	_____ Date

STATE OF _____)
) SS:
 COUNTY OF _____)

On this 9th day of August, 2005, before me personally appeared Les Paul, M.D., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Karen A. Campanella
 (Notary Public)

My commission expires _____

KAREN A. CAMPANELLA NOTARY PUBLIC STATE OF DELAWARE My Commission Expires June 20, 2009
--

STATE OF _____)
) SS:
 COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Amy Foley, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Brian F. Ezrow, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared David B. Snow, Jr., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Ella Berger, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Robert S. Epstein, M.D., to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Beth Bird, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Marianne Jacks, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Tej Anand, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____

STATE OF _____)
) SS:
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared Vicente L. Caride, to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

SEAL

Notary Public

My commission expires _____