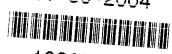
01-30-2004



U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Form PTO-1594			U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office	
1-31-92	10265	7655	Tatoricana Fragoniana e mos	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.				
O News and address of receiping most display				
1. Name of conveying party(ies): Magellan Health Services, Inc.				
,		Name: <u>Deutsche Bank AG</u>		
☐ Individuals	☐ Association	Internal Address:		
☐ General Partnership -X Corporation-State - Delaware	☐ Limited Partnership	Street Address: 60 Wall S	<u>Street</u>	
☐ Other		City: New York State: NY	ZIP: <u>10005</u>	
Additional name(s) of conveying party(ies) attached? Yes X No		☐ Individual(s) citizenship	r 1	
3. Nature of conveyance:		Association	(°)	
		☐ General Partnership ☐ Limited Partnership	1 2 2 3 3 3 3 3 3 3 3 3 3	
☐ Assignment	☐ Merger☐ Change of Name	☐ Corporation	N	
X Security Interest Other		X Other Collateral Agent	11	
			2 3	
Execution Date: January 5, 2004 4. Application number(s) or registration number(s): Trademark Registration No.(s)			NANCE &	
4. Application number(s) or registration number(s): A. Trademark Application No.(s): 76/488205, 76/503228		2190737, 2260471, 2517926, 2426114, 2252289, 2455912,		
A. Trademark Application No.(s): 76/488205, 76/503228		2482955, 2777230		
		2402)33, 2111230		
I Additional numbers attached? ☐ Yes X No				
5. Name and address of party to who		6. Total number of applicatio	ns and registration	
document should be mailed:		involved	10	
Name: Meredith Schorr				
Internal Address: c/o White & Case LLP		7. Total fee (37 CFR 3.41):	\$ <u>265.00</u>	
		X Enclosed X Authorized to be charged to deposit account		
Street Address: 1155 Avenue of the Ar		8. Deposit account number:		
City: New York State: New York ZIP: 10036		23-1705 (in event of deficiency)		
		(Attach duplicate copy of this page if paying by deposit account)		
	DO NOT US	E THIS SPACE		
9. Statement and signature. To the best of my knowledge and	belief, the foregoing information ந்	s true and correct and any attache	ed copy is a true copy of the original	
document.				
Meredith Schorr 1126/09				
Name of Person Signing		Signature Total number of page	Date les comprising cover sheet:	
		Total number of pag	es comprising cover sheet.	
OMB No. 0651-0011 (exp. 4/94)				
Do not detach this portion				
Mail documents to be recorded with required cover sheet information to:				
Mail Stop Assignment Recordation Services				
Director of US Patent and Trademark Office				
PO Box 1450 Alexandria, VA 22313-1450				
Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this				
burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project 10651-0011), Washington, D.C. 20503.				
01/29/2004 DDYRNE 00000090 2190737				

NEWYORK 3323041 (2K)

40.00 DP 225.00 DP

GRANT OF SECURITY INTEREST IN UNITED STATES TRADEMARKS

FOR GOOD AND VALUABLE CONSIDERATION, receipt and sufficiency of

which are hereby acknowledged, Magellan Health Services, Inc., a Delaware corporation (the

"Grantor") with principal offices at 6950 Columbia Gateway Drive, Columbia, Maryland, 21046,

hereby grants to Deutsche Bank AG, New York Branch, as Collateral Agent, with principal

offices at 60 Wall Street, New York, NY 10005 (the "Grantee"), a security interest in (i) all of

the Grantor's right, title and interest in and to the United States trademarks, trademark

registrations and trademark applications (the "Marks") set forth on Schedule A attached hereto,

(ii) all Proceeds (as such term is defined in the Security Agreement referred to below) and

products of the Marks, (iii) the goodwill of the businesses with which the Marks are associated

and (iv) all causes of action arising prior to or after the date hereof for infringement of any of the

Marks or unfair competition regarding the same.

THIS GRANT is made to secure the satisfactory performance and payment of all

the Obligations of the Grantor, as such term is defined in the Security Agreement among the

Grantor, the other assignors from time to time party thereto and the Grantee, dated as of January

5, 2004 (as amended, modified, restated and/or supplemented from time to time, the "Security

Agreement"). Upon the occurrence of the Termination Date (as defined in the Security

Agreement), the Grantee shall execute, acknowledge, and deliver to the Grantor an instrument in

writing releasing the security interest in the Marks acquired under this Grant.

This Grant has been granted in conjunction with the security interest granted to

the Grantee under the Security Agreement. The rights and remedies of the Grantee with respect

to the security interest granted herein are as set forth in the Security Agreement, all terms and

provisions of which are incorporated herein by reference. In the event that any provisions of this

NEWYORK 3620721 (2K)

Grant are deemed to conflict with the Security Agreement, the provisions of the Security Agreement shall govern.

[Remainder of this page intentionally left blank; signature page follows]

NEWYORK 3620721 (2K)

DEUTSCHE BANK AG, NEW YORK BRANCH, as Collateral Agent and Grantee

Name: Title:

Scottye Lindsey

By: 🕢

M

Diane P. Rolfe

Name: Title:

Vice President

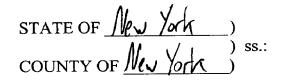
IN WITNESS WHEREOF, the undersigned have executed this Grant as of the 5th day of January, 2004.

MAGELLAN HEALTH SERVICES, INC., Grantor

Name:

Title

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On this 5th day of January, 2004, before me personally came Mesaw who, being by me duly sworn, did state as follows: that [s]he is secretary of Magellan Health Services, Inc., that [s]he is authorized to execute the foregoing Grant on behalf of said Corporation and that [s]he did so by authority of the Board of Directors of said Corporation.

Notary Public

Notary Public, State of New York No. 01HE6073071 Qualified in New York Count Commission Expires April 15 20. STATE OF New York)
COUNTY OF New York)
ss:

AYESHA CIZMAZIJA
Notary Public, State of New York
No. 01Cl6094117
Qualified in New York County
Commission Expires June 16, 2007

STATE OF NW YOR) ss.:
COUNTY OF NW YOR)

AYESHA CIZMAZIJA
Notary Public, State of New York
No. 01Cl6094117
Qualified in New York County
Commission Expires June 16, 2007

<u>MARK</u>	REG. / SERIAL NO.	REG. / FILE DATE
MANAGING WITH CARE	76/488,205	2/7/03
TRUSTED SOLUTIONS TO LIFE'S CHALLENGES	76/503,228	4/1/03
CORRECTIONAL BEHAVIORAL SOLUTIONS, INC.	2,190,737	9/22/98
DESIGN ONLY	2,260,471	7/13/99
DESIGN ONLY	2,517,926	12/11/01
MAGELLAN BEHAVIORAL HEALTH	2,426,114	2/6/01
MAGELLAN HEALTH SERVICES	2,252,289	6/15/99
MAGELLAN SPECIALTY HEALTH	2,455,912	5/29/01
TRANSFORMING KNOWLEDGE INTO RESULTS	2,482,955	8/28/01
LIVING HEALTHY WORKING WELL	2,777,230	10/28/03

NEWYORK 3620721 (2K)

TRADEMARK
RECORDED: 01/26/2004 REEL: 002905 FRAME: 0782