

07-14-2000



101404132

MPD  
NO JUN -8 PM 3:06

CPR/FIANCE

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

**Submission Type**

- New
- Resubmission (Non-Recordation)  
Document ID #
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

**Conveyance Type**

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
4 10 2000

**Conveying Party**

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year  
4 10 2000

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

**Receiving Party**

Mark if additional names of receiving parties attached

Name

DBA/AK/A/T/A

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other
- Citizenship/State of Incorporation/Organization

07/12/2000 DNGUYEN 00000322 75644584

**FOR OFFICE USE ONLY**

01 FC:481 40.00 DP  
02 FC:482 275.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

<input type="text" value="75/644584"/>	<input type="text" value="76/006821"/>	<input type="text" value="76/006966"/>
<input type="text" value="75/644943"/>	<input type="text" value="76/006964"/>	<input type="text" value="76/006967"/>
<input type="text" value="76/006816"/>	<input type="text" value="76/006965"/>	<input type="text" value="76/006970"/>

<input type="text" value="2314626"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="2314627"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Michael D. Hobbs, Jr.

June 8, 2000

Name of Person Signing

Signature

Date Signed

RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY

**Conveying Party**

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

Individual  General Partnership  Limited Partnership

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached (Designation must be a separate document from the Assignment.)

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

76/009911	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**CERTIFICATE OF MERGER**  
of  
**HEALTHCARE.COM CORPORATION,**  
a Georgia corporation,  
with and into  
**HIE, INC.,**  
a Georgia corporation

Pursuant to Section 14-2-1105 of the Georgia Business Corporation Code (the "Code"), **HIE, INC.**, a Georgia corporation ("HIE"), hereby certifies in connection with the merger (the "Merger") of **HEALTHCARE.COM CORPORATION**, a Georgia corporation ("Healthcare.com"), with and into HIE, as follows:

1. The name and state of incorporation of each corporation in the Merger are as follows:

<u>Name</u>	<u>State of Incorporation</u>
Healthcare.com Corporation	Georgia
HIE, Inc.	Georgia

2. The surviving corporation in the Merger (the "Surviving Corporation") is HIE, Inc., the name of which shall become "Healthcare.com Corporation" at the Effective Time (as defined below) of the Merger.

3. Article 1 of the Articles of Incorporation of the Surviving Corporation is hereby amended as of the Effective Time to read as follows:

"1.

The name of the Corporation is Healthcare.com Corporation."

4. The executed Plan and Agreement of Merger (the "Plan") is on file at the principal place of business of the Surviving Corporation, which is located at 1850 Parkway Place, Suite 1100, Marietta, Georgia 30067.

5. A copy of the Plan will be furnished by the Surviving Corporation, on request and without cost, to any shareholder of HIE or Healthcare.com.

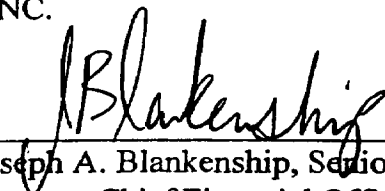
6. The Plan was not required to be approved by the shareholders of either HIE or Healthcare.com pursuant to Section 14-2-1104 of the Code.

7. The Merger shall become effective at 9:00 a.m., Atlanta, Georgia time, on April 10, 2000 (the "Effective Time").

8. The Surviving Corporation undertakes to request that publication of notice in regard to the filing of this Certificate of Merger will be made as required by the Code.

IN WITNESS WHEREOF, the undersigned, as the Surviving Corporation in the Merger, has caused its duly authorized representative to execute this Certificate of Merger as of this 6<sup>th</sup> day of April, 2000.

HIE, INC.

By:   
Joseph A. Blankenship, Senior Vice President -  
Finance, Chief Financial Officer, Treasurer and  
Secretary

SECRETARY OF STATE  
APR 6 8 01 AM '00

0541920