

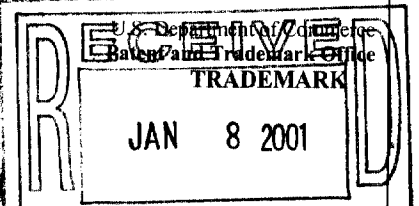
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**RECORDATION FORM COVERSHEET
TRADEMARKS ONLY**



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

Submission Type

- New
- Resubmission (Non-Recordation)

Conveyance Type

- Assignment
- Security Agreement
- License
- Nunc Pro Tunc Assignment

Correction of PTO Error

Reel # [] Frame # []

Corrective Document

Reel # [] Frame # []

Merger

Change of Name

Other []

Effective Date

Month Day Year

04 10 00

Conveying Party

Mark if additional names of conveying parties attached

Name HIE, Inc.

Execution Date

Month Day Year

04 10 00

Formerly []

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association

Other []

Citizenship/State of Incorporation/Organization Georgia

Receiving Party

Mark if additional names of conveying parties attached

Name Healthcare.com Corporation

DBA/AKA/TA []

Composed of []

Address (line 1) 1850 Parkway Place

Address (line 2) Suite 100

Address (line 3) Marietta

City

Georgia

State/Country

30067-8274

Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association

Other []

Citizenship/State of Incorporation/Organization Georgia

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.)

FOR OFFICE USE ONLY

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**TRADEMARK
REEL: 002216 FRAME: 0614**

Domestic Representative Name and Address

Enter for the first Receiving Party only.

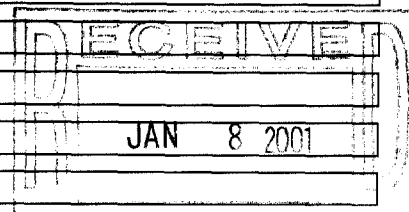
Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)



Correspondent Name and Address

Area Code and Telephone No.

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)

Number of Properties

Enter the total number of properties involved:

#

Fee Amount

Fee amount of properties listed (37 CFR 3.41):

Method of Payment:

Deposit Account

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

Enclosed

Deposit 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.

1/5/01

Name of Person Signing

Signature

Date

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 6th day of April, 2000.

HIE, INC.

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

APR 6 8 01 AM '00

SECRETARY OF STATE

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