4/25/01



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FORM PTO 1594 RECORDATION COV (Rev. 6-93)	Patent and Trademark Office 1			
TRADEMARKS  OMB No. 0651-0011 (exp. 4/94)	ONLY			
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.				
Name of conveying party(ics):     NEWHEALTHCO, LLC	Name and address of receiving party(ies)     Name: <u>HEALTHNEXIS, LLC</u>			
□ Individual(s) □ Association □ General Partnership □ Limited Partnership □ Corporation-State  図 Other Limited Liability Company Additional name(s) of conveying party(ies) attached? □ Yes ☑ No	Internal Address:  Street Address: 1600 Utica Avenue South, Suite 300  City: St. Louis Park State: MN ZIP: 55416  Individual(s)  Association General Partnership			
3. Nature of conveyance:  ☐ Assignment ☐ Security Agreement ☐ Other  Execution Date: February 9, 2001	□ Limited Partnership □ Corporation-State □ Other Limited Liability Company - Delaware  If assignee is not domiciled in the United States, a domestic representative designation is attached: □ Yes □ No  (Designations must be a separate document from Assignment)  Additional name(s) & address(es) attached □ Yes X No			
4. Application number(s) or patent number(s):  A. Trademark Application No.(s)  76/200,391  Additional numbers atta	B. Trademark Registration No.(s) ched? □ Yes ⊠ No			
Name and address of party to whom correspondence concerning document should be mailed:	6. Total Number of applications and registrations involved:			
Name: A. Minnie Alexander Internal Address: Dorsey & Whitney LLP	7. Total fee (37 CFR 3.41) \$ 40.00 ⊠ Enclosed  □ Authorized to be charged to deposit account			
Street Address: 220 South Sixth Street	8. Deposit account number: 04-1420			
City: <u>Minneapolis</u> State: <u>MN</u> ZIP <u>55402</u>	(Attach duplicate copy of this page if paying by deposit account)			
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<ol> <li>Statement and signature.         To the best of my knowledge and belie the original document.     </li> <li>A. Minnie Alexander         Name of person Signing     </li> </ol>	Signature  Total number of pages comprising cover sheet:  1  1  1  1  1  1  1  1  1  1  1  1  1
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## State of Delaware

## Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NEWHEALTECO, LLC", CHANGING ITS NAME FROM "NEWHEALTHCO, LLC" TO "HEALTHNEXIS, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2001, AT 9 O'CLOCK A.M.



AUTHENTICATION: 0976587

DATE: 02-16-01

3252243 8100 010077929

NO. 6692 P. 2/3

FEB. 16 AND THE BLAICES CO.

REEL: 002289 FRAME: 0630

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF NEWHEALTHCO, LLC

This Cartificate of Amendment to the Certificate of Formation of NewHealthCo, LLC (the "Company"), is executed and filed by the undersigned to amend the Certificate of Formation under the Delaware Limited Liability Company Act, Section 18-202.

- 1. The name of the Company is New Health Co, LLC.
- 2. The following is the full text of the amendment to the Certificate of Formation of NewHealthCo, LLC:
  - "1. The name of the limited liability company (the "Company") is HealthNexis, LLC."

IN WITNESS WHEREOF, the undersigned, a duly authorized officer of NewHealthCo, LLC, has executed this certificate this 9th day of February, 2001.

NEWHEALTHCO, LLC

By	) Da	vid Hurley	· 
Its	Authorized	Person	

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 09:00 AN 02/15/2001 010071929 - 3252243

NO. 6692 P. 3/3

RECORDED: 04/25/2001

COBP SERVICES CO

TRADEMARK 1834

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