

Form PTO-1594  
(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)  
Tab settings ⇨ ⇨ ⇨

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Healthcare Recoveries, Inc.

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-State Delaware
- Other \_\_\_\_\_

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other \_\_\_\_\_

Execution Date: 1-15-2002

2. Name and address of receiving party(ies)

Name: Troyer Solutions, Inc.

Internal

Address: Suite 1413

Street Address: 1930 Bishop Lane

City: Louisville State: KY Zip: 40218

Individual(s) citizenship \_\_\_\_\_

Association \_\_\_\_\_

General Partnership \_\_\_\_\_

Limited Partnership \_\_\_\_\_

Corporation-State Delaware

Other \_\_\_\_\_

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  No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s) 76/083,899;  
76/083,898; 76/039,207; 76/352,698;  
76/202,036

B. Trademark Registration No.(s)

1,998,121; 1,981,117; 2,451,116

Additional number(s) attached  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Amy B. Berge

Internal Address: \_\_\_\_\_

3300 National City Tower

Street Address: 101 South Fifth Street

City: Louisville State: KY Zip: 40202

6. Total number of applications and registrations involved: .....

8

7. Total fee (37 CFR 3.41).....\$ 215.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

50-0976

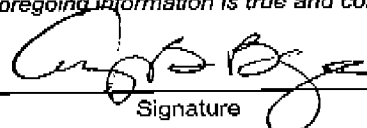
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Amy B. Berge  
Name of Person Signing



Signature

March 27, 2002  
Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

**CERTIFICATE OF OWNERSHIP AND MERGER  
MERCING  
TROVER MERGER SUB, INC.  
INTO  
HEALTHCARE RECOVERIES, INC.  
(PURSUANT TO SECTION 253 OF THE  
GENERAL CORPORATION LAW OF DELAWARE)**

Healthcare Recoveries, Inc., a Delaware corporation (the "Company"), does hereby certify:

**FIRST:** That the Company is incorporated pursuant to the General Corporation Law of the State of Delaware.

**SECOND:** That the Company owns all of the outstanding shares of each class of the capital stock of Trover Merger Sub, Inc., a Delaware corporation.

**THIRD:** That the Company, by the following resolutions of its Board of Directors, duly adopted as of January 10, 2002, determined to merge into itself Trover Merger Sub, Inc. on the conditions set forth in such resolutions, and pursuant to such merger, determined to change its corporate name from Healthcare Recoveries, Inc. to Trover Solutions, Inc.:

RESOLVED, that Healthcare Recoveries, Inc. merge into itself its subsidiary, Trover Merger Sub, Inc., and assume all of said subsidiary's liabilities and obligations;

RESOLVED, that the President and the Secretary of the Company are hereby directed to make, execute and acknowledge a certificate of ownership and merger setting forth a copy of the resolution to merge said Trover Merger Sub, Inc. into the Company and to assume said subsidiary's liabilities and obligations and the date of adoption thereof and to file the same in the office of the Secretary of State of Delaware and a certified copy thereof in the Office of the Recorder of Deeds of New Castle County, Delaware; and

RESOLVED, that, upon the effectiveness of the merger, the name of the surviving corporation shall be changed to "Trover Solutions, Inc."

IN WITNESS WHEREOF, said Healthcare Recoveries, Inc. has caused its corporate seal to be affixed and this certificate to be signed by Douglas R. Sharps, its authorized officer, this 14<sup>th</sup> day of January 2002.

HEALTHCARE RECOVERIES, INC.

By  \_\_\_\_\_  
Douglas R. Sharps

Title: Executive Vice President—Finance,  
Adminstration & Law