



Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

RE 102492267 TRADEMARKS ONLY

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

Tab settings

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

1. Name of conveying party(ies): PST Products, Inc. 7-7-03
Individual(s) Association
General Partnership Limited Partnership
Corporation-State
Other
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: PST Products, LLC
Internal Address:
Street Address: 2840 Mt. Wilkinson Pkwy, Ste. 400
City: Atlanta State: GA Zip: 30339
Individual(s) citizenship
Association
General Partnership
Limited Partnership
Corporation-State
Other Limited Liability Company - California
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
Assignment Merger
Security Agreement Change of Name
Other
Execution Date: April 2, 2003

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
B. Trademark Registration No.(s)
2,552,558 2,597,188
2,346,628
Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Alston & Bird LLP
Internal Address: Jay Sloman
Street Address: 1201 W. Peachtree Street
City: Atlanta State: GA Zip: 30309

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41) \$ 90.00
Enclosed
Authorized to be charged to deposit account

8. Deposit account number:
(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.

Jay E. Sloman

Name of Person Signing

Signature

6/30/2003

Date

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

07/08/2003 DBYRNE 00000036 2352358

01 FC:0521
02 FC:0522

40.00
50.00

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



**SECRETARY OF STATE**

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

APR - 9 2003



*Kevin Shelley*  
Secretary of State

00703868



State of California  
Kevin Shelley  
Secretary of State

File # 200309410130

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

APR - 3 2003

**KEVIN SHELLEY**  
Secretary of State

**LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION - CONVERSION**

**IMPORTANT — READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

This Space For Filing Use Only

**CONVERTED ENTITY INFORMATION**

1. NAME OF LIMITED LIABILITY COMPANY PST Products, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONLY ONE)

ONE MANAGER     MORE THAN ONE MANAGER     SINGLE MEMBER LIMITED LIABILITY COMPANY     ALL LIMITED LIABILITY COMPANY MEMBERS

4. TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY (FOR INFORMATIONAL PURPOSES ONLY)  
Financial, clinical and administrative software provider for healthcare organizations.

5. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

AN INDIVIDUAL RESIDING IN CALIFORNIA.  
 A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME CT Corporation System

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA, IF AN INDIVIDUAL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CA

**CONVERTING ENTITY INFORMATION**

8. NAME OF CONVERTING ENTITY PST Products, Inc.

|   |                                       |  |
|---|---------------------------------------|--|
| 9. FORM OF ENTITY<br><u>Corporation</u> | 10. JURISDICTION<br><u>California</u> | 11. CA SECRETARY OF STATE FILE NUMBER, IF ANY<br><u>C1176266</u> |
|---|---------------------------------------|--|

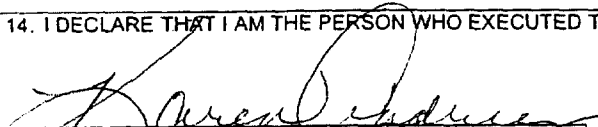
12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING:

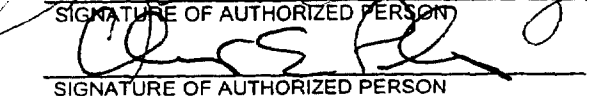
| NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE | PERCENTAGE VOTE REQUIRED |
|--|--------------------------|
| <u>200 Shares of Common Stock</u>                              | <u>Over 50%</u>          |

**ADDITIONAL INFORMATION**

13. NUMBER OF PAGES ATTACHED, IF ANY: - 0 - THE ATTACHED PAGES ARE INCORPORATED HEREIN BY THIS REFERENCE.

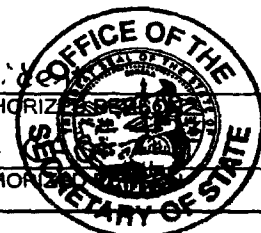
14. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

  
SIGNATURE OF AUTHORIZED PERSON

  
SIGNATURE OF AUTHORIZED PERSON

Karen B. Andrews, President  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

Chris E. Perkins, EVP  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



LLC-1A (REV 01/2003)