

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
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<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
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**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MultiPlan/Wisconsin Preferred Provider Network, Inc.		05/11/2004	CORPORATION: WISCONSIN

**RECEIVING PARTY DATA**

<b>Name:</b>	HealthEOS by MultiPlan, Inc.
<b>Street Address:</b>	115 Fifth Avenue
<b>Internal Address:</b>	c/o MultiPlan Inc.
<b>City:</b>	New York
<b>State/Country:</b>	NEW YORK
<b>Postal Code:</b>	10003
<b>Entity Type:</b>	CORPORATION: WISCONSIN

**PROPERTY NUMBERS Total: 2**

Property Type	Number	Word Mark
Serial Number:	76357328	HEALTHEOS
Serial Number:	76357327	HEALTHEOS

**CORRESPONDENCE DATA**

**Fax Number:** (312)207-6400  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
**Phone:** 312-207-1000  
**Email:** emakela@sachnoff.com  
**Correspondent Name:** Evan Makela, Sachnoff & Weaver, Ltd.  
**Address Line 1:** 30 South Wacker Drive  
**Address Line 2:** 29th Floor  
**Address Line 4:** Chicago, ILLINOIS 60606

<b>NAME OF SUBMITTER:</b>	Evan Makela
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Total Attachments: 0

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