Form PTO-1594 (Rev. 06/04)

OMB Collection 0651-0027 (exp. 6/30/2005)



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

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3/28/05 REC 102970789 TRADEMARKS ONLY	
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
1. Name of conveying party(ies)/Execution Date(s): Nebraska Health System, a Nebraska corporation	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No Name: The Nebraska Medical Center
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership ☐ Other ☐ Other Citizenship (see guidelines) Execution Date(s) June 24, 2003 Additional names of conveying parties attached? ☐ Yes ☒ No 3. Nature of conveyance: ☐ Merger ☐ Assignment ☐ Merger ☐ Security Agreement ☒ Change of Name ☐ Other	Internal Address: Street Address: 987400 Nebraska Medical Center City: Omaha State: Nebraska Country: United States Zip: 68198-7400 Association Citizenship General Partnership Citizenship Limited Partnership Citizenship X Corporation Citizenship Nebraska Other Citizenship 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)
 4. Application number(s) or registration number(s) and A. Trademark Application No.(s) 78/259,022 - Serious Medicine. Extraordinary Care. 78/257,833 - Miscellaneous Design C. Identification or Description of Trademark(s) (and Filing 78/259,022 - Serious Medicine. Extraordinary Care. 	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown):
78/257,833 - Miscellaneous Design 5. Name & address of party to whom correspondence concerning document should be mailed: Name: Patrick C. Stephenson	6. Total number of applications and registrations involved: 2
Internal Address: McGrath, North, Mullin & Kratz, PC, LLO Street Address: 1601 Dodge Street, Ste 3700	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$_65_00 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed
City: Omaha State: NE Zip: 68102 Phone Number: (402) 341-3070 Fax Number: (402) 341-0216 Email Address: pstephenson@mnmk.com	8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date b. Deposit Account Number Authorized User Name
9. Signature: Signature Signature Signature Date	

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:

Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

03/29/2005 ECOCPER 00000101 78259022

TRADEMARK
REEL: 003140 FRAME: 0931



FIRST AMENDMENT TO ARTICLES OF INCORPORATION OF NEBRASKA HEALTH SYSTEM

ARTICLE I.

The name of the corporation is: "NEBRASKA HEALTH SYSTEM" ("Corporation" herein).

ARTICLE II.

Pursuant to Section 21-19,109 of the Nebraska Nonprofit Corporation Act, the undersigned Corporation submits the following for the purpose of amending its Articles of Incorporation by deleting Article I and adopting the following provision:

ARTICLE III.

The name of the Corporation is "The Nebraska Medical Center".

ARTICLE IV.

The Corporation has two Members of the same class and each voted for the approval of the First Amendment.

Dated this 324 day of June, 2003.

NEBRASKA HEALTH SYSTEM

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APPROVAL:

Pursuant to Article V, Section A, Paragraph 1 of the Articles of Incorporation of Nebraska Health System, the undersigned Members of Nebraska Health System hereby approve the above and foregoing First Amendment to Articles of Incorporation of Nebraska Health System.

> BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA

Date Adopted: June 24th, 2003

CLARKSON REGIONAL HEALTH SERVICES, INC.

2038-38/359476

NO. 5682 **RECORDED: 03/28/2005** TRADEMARK ... 'AGA

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