

06-13-2005

Form PTO-1594 (Rev. 03/05)  
OMB Collection 0651-0027 (exp. 6/30/2005)



DEPARTMENT OF COMMERCE  
Patent and Trademark Office

**RECORDATION** **TRADEMARKS ONLY**  
103019448

6/9/05

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):**  
HealthGrades.com, Inc.  
44 Union Boulevard, Suite 600  
Lakewood, Colorado 80228

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

Citizenship (see guidelines) United States

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**  Yes  
Additional names, addresses, or citizenship attached?  No

Name: Health Grades, Inc.  
Internal Address: \_\_\_\_\_  
Street Address: 500 Golden Ridge Road, Suite 100  
City: Golden  
State: Colorado  
Country: United States Zip: 80401

Association      Citizenship \_\_\_\_\_  
 General Partnership      Citizenship \_\_\_\_\_  
 Limited Partnership      Citizenship \_\_\_\_\_  
 Corporation      Citizenship Delaware, United States  
 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)

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) November 13, 2000

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

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s) \_\_\_\_\_  
B. Trademark Registration No.(s) 2,483,194; 2,462,937

Additional sheet(s) attached?  Yes  No

**C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):**  
HealthGrades  
The Healthcare Rating Experts

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

Name: Health Grades, Inc. c/o Mike Shanks  
Internal Address: \_\_\_\_\_  
Street Address: 500 Golden Ridge Road, Suite 100  
City: Golden  
State: Colorado Zip: 80401  
Phone Number: (303) 716-0041  
Fax Number: (303) 716-1298  
Email Address: mshanks@healthgrades.com

**6. Total number of applications and registrations involved:** 2

**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

**8. Payment Information:**

a. Credit Card      Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_  
Authorized User Name \_\_\_\_\_

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**9. Signature:**       5/31/05  
Signature      Date

Michael Shanks - Vice President Finance      Total number of pages including cover sheet, attachments, and document: 2  
Name of Person Signing

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

06/10/2005 ECDOPER 00000138 2483194

01 FC:8521      40.00 OP  
02 FC:8522      25.00 OP

**TRADEMARK**  
**REEL: 003180 FRAME: 0243**

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE SAID "SPECIALTY CARE NETWORK, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEALTHGRADES.COM, INC.", ON THE THIRD DAY OF JANUARY, A.D. 2000, AT 4:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID "HEALTHGRADES.COM, INC." FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "HEALTH GRADES, INC.", ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2000, AT 8:30 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH GRADES, INC.", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID CORPORATION.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3598912

DATE: 01-05-05

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RECORDED: 06/09/2005

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