RE 1/21/09		
Form PTO-1594 (Rev. 01-09) OMB Collection 0651-0027 (exp. 02	United States Patent and Trademark Office	
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	HIN LY FEB 1 0 2029	
To the Director of the U. S. Pate 1035478	ched documents or the new address(es) below.	
1. Name of conveying party(ies):	2. Name and address of receiving party(ies)	
HEALTHMARKETINSIGHTS, INC.	Additional names, addresses, or citizenship attached? Yes Name: HEALTHDATAINSIGHTS, INC. Internal	
Individual(s) Association	Address:	
General Partnership Limited Partnership	Street Address: 2620 REGATTA DRIVE, SUITE 208	
X Corporation- State: NEVADA	City: LAS VEGAS	
Other	State:NEVADA	
Citizenship (see guidelines)	Country: U.S.A. Zip: 89119	
Additional names of conveying parties attached? Yes X No	Association Citizenship	
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship	
Execution Date(s) <u>6/29/2004</u>	Limited Partnership Citizenship	
	Corporation Citizenship	
Assignment Merger	Other Citizenship	
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes X No	
Other	(Designations must be a separate document from assignment)	
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) 2870394; 2835358; 3187832; 2678107; 2686585; 3353174; 2637786; 2681164		
C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes No	
C. Identification or Description of Trademark(s) (and Filing	Date if Application of Registration Number is unknown).	
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Dana B. Robinson, Esq.	6. Total number of applications and registrations involved:	
nternal Address:	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$PAID \$PAID	
Street Address:P.O. BOX 1416	Authorized to be charged to deposit account Enclosed	
City:LA JOLLA	8. Payment Information:	
Otate: ALI ONNIA		
Phone Number: (858) 488-2545	Deposit Account Number	
Fax Number: (858)777-3347 Email Address: Dana@TechlawLLP.com	Authorized User Name	
	2/6/09	
9. Signature: Signature	Date	
DANA B. ROBINSON, ESQ.	Total number of pages including cover of sheet, attachments, and document:	
D/1111 1 D. 110	SHOOL BLOOK STORY	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TO: HEALTHDATAINSIGHTS, INC. COMPANY: 2620 REGATTA DRIVE, SUITE 208

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1 01/21/2009 900125179

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	06/29/2004

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
HealthMarketInsights, Inc.		06/29/2004	CORPORATION: NEVADA	

RECEIVING PARTY DATA

Name:	HealthDataInsights, Inc.	
Street Address:	2620 Regatta Drive, Suite 208	
City:	Las Vegas	
State/Country:	NEVADA	
Postal Code:	89119	
Entity Type:	CORPORATION: NEVADA	

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	2870394	CASH PPO
Registration Number:	2835358	CLINICAL COMPASS PLUS
Registration Number:	3187832	FINANCIAL COMPASS PLUS
Registration Number:	2678107	INPATIENT COST DIAGNOSTIC
Registration Number:	2686585	INSIGHT TO EXCELLENCE
Registration Number:	3353174	MYHEALTHCOMPASS QUALITY MATTERS. CHOOSE WISELY.
Registration Number:	2637786	OUTPATIENT CHARGE ANALYSIS
Registration Number:	2681164	QUALITY MATTERS. YOU CHOOSE.

CORRESPONDENCE DATA

Fax Number: (858)777-3347

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Email: dana@TechLawLLP.com

TRADEMARK REEL: 003935 FRAME: 0260

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TO: HEALTHDATAINSIGHTS, INC. COMPANY: 2620 REGATTA DRIVE, SUITE 208

Correspondent Name: HealthDataInsights, Inc. 2620 Regatta Drive, Suite 208 Address Line 1: Las Vegas, NEVADA 89119 Address Line 4: **HEALTHDATAINSIGHT MERGER** ATTORNEY DOCKET NUMBER: NAME OF SUBMITTER: Dana Robinson, Attorney of Record Signature: /Dana B. Robinson/ 01/21/2009 Date: Total Attachments: 2 source=Document (3)#page1.tif source=Document (3)#page2.tif



DEAN HELLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4299 (775) 684 5768 Website: secretaryofstate.blz

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Articles of Merger (PURSUANT TO NRS 92A200) Page 1

important: Read attached firstructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

(Pursuant to Nevada Revised Statutes Chapter 92A) (excluding 92A,200(4b)) SUBMIT IN DUPLICATE

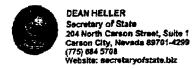
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* Corporation, non-profit corporation, limited partnership, limited-flability company or business trust.

This form must be accompanied by appropriate feas. See attached fea schedule

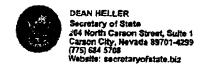
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Articles of Merger (PURSUANT TO NRS 92A.200) Page 2

tant: Read	attached instructions before completing form.
	ABOVE BRACE IS FOR OFFICE USE ONLY
	rwarding address where copies of process may be sent by the Secretary of State of vada (if a foreign entity is the survivor in the merger - NRS 92A.1 90):
	Attn:
	c/o:
3) (Cho	ose one)
X	The undersigned decisres that a plan of merger has been adopted by each constituent entity (NRS \$2A.200).
	The undersigned deciares that a plan of merger has been adopted by the parent domestic entity (NRS \$2A.180)
	er's approval (NRS 92A.200)(options a, b, or c must be used, as applicable, for each entity) (ϵ are more than four merging entitles, check box \bigcap and attach an $2.1/2^n$ x 11^n blank shee
	taining the required information for each additional entity):
(a) Ov	mer's approval was not required from
•	Name of merging entity, if applicable
ı	lame of merging entity, if applicable
,	lame of merging entity, if applicable
•	iame of merging entity, if applicable
2	nd, er;
	HealthDataInsights, Inc.



Articles of Merger (PURSUANT TO NRS 92A.200) Page 3

important., Read attached instructions before completing form.

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Name of merging entity, if applicable	
Name of merging entity, if applicable	
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* Unless otherwise provided in the certificate of trust or governing instrument of a business trust, a merger must be approved by all the trustees and beneficial owners of each business trust that is a constituent entity in the merger.

This form must be accompanied by appropriate fees. See attached fee schedule.

Heriada Spergrave of State Car Banger (Gr.

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DEAN HELLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4299 (775) 684 5708 Website: secretary of state.biz



Important: Read attached instructions before completing form.

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public officer or o	has been approved by the directors of the corporation and by each er person whose approval of the plan of merger is required by the tion of the domestic corporation.
Name of merging	entity, if applicable
Name of merging	entity, if applicable
Name of <i>merging</i>	ntity, if applicable
Name of merging	ntity, if applicable
and, or;	

(c) Approval of plan of merger for Nevada non-profit corporation (NRS 92A.160):

This form must be accompanied by appropriate fees. See attached fee schedule.

Name of surviving entity, if applicable

Nevada Secretary of State AM Morger 2003 Revised on: 10/24/03





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ABOVE SPACE IS FOR OFFICE USE ONLY

	ny, to the articles or certificate of the surviving entity. Provide if available. (NRS 92A.200)*:
The Article	4 of the Articles of Incorporation of
<u>HealthData</u>	Insights, Inc. shall be deleted and replaced in
its entire	Ly
An Addition the Corpora	nal Article 6A shall be added to the Articles of ation.
6) Location of Plan	of Merger (check a or b):
(a) The enti	re plan of merger is attached;
corporation	re plan of merger is on file at the registered office of the surviving limited-liability company or business trust, or at the records office firmited partnership, or other place of business of the surviving entity (00).
7) Effective date (op	tional)**:
entitle them "Restated" or "Am prescribed by the secretary of 92A 180 (merger of subsidiary	es may be attached as an exhibit or integrated into the articles of merger. Please ended and Restated, accordingly. The form to accompany restated articles state must accompany the amended and/or restated articles. Pursuant to NRS into parent – Nevada parent owning 90% or more of subsidiary), the articles of timents to the constituent documents of the surviving entity except that the name of langed.

must not be more than 90 days after the articles are filed (NRS 92A.240).

This form must be accompanied by appropriate fees. See attached fee schedule.

** A merger takes effect upon filing the articles of merger or upon a later date as specified in the articles, which

Nevada Secretary of Stats AM Mergar 2003 Reviewd on: 10/24/03

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DEAN MELLER Secretary of State 204 North Carson Street, Suite 1 Carson City, Nevada 89701-4299 (775) 694 5708 Website: secretaryofstate.biz

Articles of Merger (PURSUANT TO NRS 92A.200) Page 6

Important. Read attached instructions before completing form. ABOVE SPACE IS FOR OFFICE USE ONLY 8) Signatures - Must be signed by: An officer of each Nevada corporation; All general partners of each Nevada limited partnership; All general partners of each Nevada limited partnership; A manager of each Nevada limited-liability company with managers or all the members if there are no managers; A trustee of each Nevada business trust (NRS 92A.230)* (if there are more than four merging entities, check box and attach an 8 %" x 1 1 " blank sheet containing the required information for each additional entity.): HealthMarketInsights Inc. Name of merging entity Name of merging entity Signature Title Date Name of merging entity Title Signature Date Name of merging entity Signature Date HealthDataInsights Inc. Name of surviving entity andreo Binke Date

The articles of merger must be signed by each foreign constituent entity in the mainner provided by the tew governing it (NRS 92A.230). Additional signature blocks may be added to this page or as an attachment, as needed.

IMPORTANT: Failure to include any of the above information and submit the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees. See attached fee schedule.

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STATE OF NEVADA

ROSS MILLER
Secretary of State

SCOTT W. ANDERSON

Deputy Secretary for Commercial Recordings



Commercial Recording Division

202 N. Carson Street Carson City, NV 89701-4069 Telephone (775) 684-5708 Fax (775) 684-7138

DANA ROBINSON PO BOX 1416 LA JOLLA, CA 92038 **Job: C20090123-3618** January 28, 2009

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STATE OF NEVADA

ROSS MILLER
Secretary of State



SCOTT W. ANDERSON

Deputy Secretary for Commercial Recordings

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ROSS MILLER Secretary of State

Commercial Recording Division 202 N. Carson Street

Carson City, Nevada 89701-4069 Telephone (775) 684-5708 Fax (775) 684-7138

rax (775) 00--7150

TO: HEALTHDATAINSIGHTS, INC. COMPANY: 2620 REGATTA DRIVE, SUITE 208

1/21/2009

Entity Actions - Secretary of State, Ne...



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Entity Actions for "HEALTHMARKETINSIGHTS INC."

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TO: HEALTHDATAINSIGHTS, INC. COMPANY: 2620 REGATTA DRIVE, SUITE 208

Entity Actions - Secretary of State, Ne... 1/21/2009

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Return to Entity Details for "HEALTHMARKETINSIGHTS INC."



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