

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Legacy Health System		03/10/2010	Non-Profit Corporation: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Legacy Health		
<b>Street Address:</b>	1919 NW Lovejoy St.		
<b>City:</b>	Portland		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97209		
<b>Entity Type:</b>	Non-Profit Corporation: OREGON		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2481399	DISCOVERIES IN SIGHT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(503)778-5299		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	503-778-5275		
<b>Email:</b>	harumiyamamoto@dwt.com		
<b>Correspondent Name:</b>	Harumi Yamamoto		
<b>Address Line 1:</b>	1300 SW Fifth Avenue, Suite 2300		
<b>Address Line 4:</b>	Portland, OREGON 97201		
<b>ATTORNEY DOCKET NUMBER:</b>	759078-178		
<b>NAME OF SUBMITTER:</b>	Harumi Yamamoto		
<b>Signature:</b>	/Harumi Yamamoto/		
<b>Date:</b>	08/22/2011		
<b>Total Attachments: 0</b>			

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