

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	06/29/2007		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
National Care Network, LP		06/27/2007	LIMITED PARTNERSHIP: TEXAS
RECEIVING PARTY DATA			
Name:	National Care Network, LLC		
Street Address:	222 W Las Colinas Blvd		
Internal Address:	Suite 1500		
City:	Irving		
State/Country:	TEXAS		
Postal Code:	75039		
Entity Type:	LIMITED LIABILITY COMPANY: TEXAS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3310937	NCN	
CORRESPONDENCE DATA			
Fax Number:	6307993021		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	6306495003		
Email:	shawna.gasik@multiplan.com		
Correspondent Name:	Shawna E. Gasik		
Address Line 1:	535 East Diehl Road		
Address Line 4:	Naperville, ILLINOIS 60563		
NAME OF SUBMITTER:	Shawna E. Gasik		
Signature:	/Shawna E. Gasik/		

OP \$40.00 3310937

Date:

01/08/2013

Total Attachments: 4

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JUN 29 2007

Corporations Section

Form 622 (Revised 01/06) Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709 Filing Fee: see instructions	 Certificate of Merger Combination Merger Business Organizations Code
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This space reserved for office use.

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1

National Care Network, LP

Name of Organization

The organization is a limited partnership It is organized under the laws of

Specify organizational form (e.g., for-profit corporation)

Texas United States The file number, if any, is 800431235

State Country Texas Secretary of State file number
 Its principal place of business is 222 W Las Colinas Blvd, Ste 1500 Irving TX

Address City State

- The organization will survive the merger. The organization will not survive the merger.
 The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 2

NCN GP, LLC

Name of Organization

The organization is a limited liability company It is organized under the laws of

Specify organizational form (e.g., for-profit corporation)

Texas United States The file number, if any, is 800431238

State Country Texas Secretary of State file number
 Its principal place of business is 222 W Las Colinas Blvd, Ste 1500 Irving TX

Address City State

- The organization will survive the merger. The organization will not survive the merger.
 The plan of merger amends the name of the organization. The new name is set forth below.

National Care Network, LLC

Name as Amended

Party 3

Name of Organization

The organization is a _____ It is organized under the laws of _____

Specify organizational form (e.g., for-profit corporation)

Form 622

RECEIVED

JUN 29 2007

Secretary of State

TRADEMARK
REEL: 004937 FRAME: 0904

The file number, if any, is _____
State Country Texas Secretary of State file number

Its principal place of business is _____
Address City State

- The organization will survive the merger. The organization will not survive the merger.
 The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Plan of Merger

- The plan of merger is attached.

If the plan of merger is not attached, the following statements must be completed.

Alternative Statements

By checking the following boxes, each domestic filing entity certifies that:

- A signed plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger.
 On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger.

If a filing entity is to survive the merger, complete either A or B. If B is selected, provide relevant information in the space provided.

Amendments

- A. No amendments to the certificate of formation of any filing entity that is a party to the merger are effected by the merger.
 B. The plan of merger effected changes or amendments to the certificate of formation of

Name of filing entity effecting amendments

The changes or amendments to the filing entity's certificate of formation, other than the name change noted previously, are stated below.

Amendment Text Area

Organizations Created by Merger

The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.

NEW ORGANIZATION 1		
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>
<i>Principal Place of Business Address</i>	<i>City</i>	<i>State Zip Code</i>
NEW ORGANIZATION 2		
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>
<i>Principal Place of Business Address</i>	<i>City</i>	<i>State Zip Code</i>
NEW ORGANIZATION 3		
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>
<i>Principal Place of Business Address</i>	<i>City</i>	<i>State Zip</i>

Approval of the Plan of Merger

The plan of merger has been approved as required by the laws of the jurisdiction of formation of each organization that is a party to the merger and by the governing documents of those organizations.

The approval of the owners or members of _____
Name of domestic entity
 was not required by the provisions of the BOC.

Effectiveness of Filing (Select either A, B, or C.)

- A. This document becomes effective when the document is accepted and filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: 11:59 p.m., June 29, 2007
- C. This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
 The following event or fact will cause the document to take effect in the manner described below:
- _____
- _____

Tax Certificate

- Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.
- In lieu of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: June 27, 2007

National Care Network, LP
Merging Entity Name
[Signature] , President
Signature and title of authorized person

NCN GP, LLC
Merging Entity Name
[Signature] , President
Signature and title of authorized person

Merging Entity Name

Signature and title of authorized person