

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM315499

<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>
Health Market Science		07/10/2000	CORPORATION: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Health Market Science, Inc.		
<b>Street Address:</b>	2700 Horizon Drive		
<b>Internal Address:</b>	Suite 200		
<b>City:</b>	King of Prussia		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	19406		
<b>Entity Type:</b>	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 10</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	78841070	NPI RIGHT	
<b>Serial Number:</b>	78840895	HMS AFFILIATIONS	
<b>Serial Number:</b>	78840869	HEALTH MARKET SCIENCE	
<b>Serial Number:</b>	77185136		
<b>Serial Number:</b>	77184398	HMS PROFILES	
<b>Serial Number:</b>	77831155	COMPLETESPEND	
<b>Serial Number:</b>	77831118	PRESCRIBER ELIGIBILITY	
<b>Serial Number:</b>	77831150	COMPLETEVIEW	
<b>Serial Number:</b>	85366753	PXDX	
<b>Serial Number:</b>	85745790	RX TRACER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2157012273		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	215-665-7203		
<b>Email:</b>	cmiller@cozen.com		
<b>Correspondent Name:</b>	Camille M. Miller/ Cozen O'Connor		
<b>Address Line 1:</b>	1900 Market Street		
<b>Address Line 4:</b>	Philadelphia, PENNSYLVANIA 19103		
			<b>TRADEMARK</b>

OP \$265.00 78841070

<b>ATTORNEY DOCKET NUMBER:</b>	HMSO-0001US/353509
<b>NAME OF SUBMITTER:</b>	Camille M. Miller
<b>SIGNATURE:</b>	/Camille M/ Miller/
<b>DATE SIGNED:</b>	08/28/2014
<b>Total Attachments: 1</b> source=Delaware Record showing DE Corporation#page1.tif	

Department of State: Division of Corporations

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Entity Details

THIS IS NOT A STATEMENT OF GOOD STANDING

File Number: **3257325**      Incorporation Date / Formation Date: **07/10/2000**  
 (mm/dd/yyyy)

Entity Name: **HEALTH MARKET SCIENCE, INC.**  
Entity Kind: **CORPORATION**      Entity Type: **GENERAL**  
Residency: **DOMESTIC**      State: **DE**

REGISTERED AGENT INFORMATION

Name: **THE DELAWARE REGISTERED AGENT COMPANY LLC**  
Address: **2257 WESTVILLE RD**  
City: **MARYDEL**      County: **KENT**  
State: **DE**      Postal Code: **19964**  
Phone: **(302)492-0514**

Additional Information is available for a fee. You can retrieve Status for a fee of \$10.00 or more detailed information including current franchise tax assessment, current filing history and more for a fee of \$20.00.

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