

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM370732

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	MERGER		
<b>EFFECTIVE DATE:</b>	07/24/2015		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
E-Scan Data Systems, Inc.		07/24/2015	CORPORATION: TEXAS
Financial Healthcare Systems, LLC		07/24/2015	LIMITED LIABILITY COMPANY: COLORADO
TransUnion Healthcare LLC		07/24/2015	LIMITED LIABILITY COMPANY: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	TransUnion Healthcare, Inc.		
<b>Street Address:</b>	555 W. Adams Street		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60661		
<b>Entity Type:</b>	CORPORATION: TEXAS		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	85828714	REVSCAN	
<b>Serial Number:</b>	85112747	FHS CLEARQUOTE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3122691747		
<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>	3122698000		
<b>Email:</b>	hkarmo@ngelaw.com		
<b>Correspondent Name:</b>	Neal, Gerber & Eisenberg LLP		
<b>Address Line 1:</b>	Two North LaSalle Street, Suite 1700		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60602		
<b>ATTORNEY DOCKET NUMBER:</b>	024081-0701		
<b>NAME OF SUBMITTER:</b>	William J. Lenz		
<b>SIGNATURE:</b>	/William J. Lenz/		
<b>DATE SIGNED:</b>	01/25/2016		

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**Total Attachments: 5**

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## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

TRANSUNION HEALTHCARE, INC.  
Filing Number: 800195244

Certificate of Merger

July 24, 2015

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 04, 2016.



A handwritten signature in black ink, appearing to read "Cascos" followed by a horizontal line.

Carlos H. Cascos  
Secretary of State

**Form 622**  
**(Revised 05/11)**  
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**

This space reserved for office use.

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**JUL 24 2015**  
**Corporations Section**

**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**

**TRANSUNION HEALTHCARE 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)*

DE USA The file number, if any, is \_\_\_\_\_  
*State Country Texas Secretary of State file number*

Its principal place of business is 555 West Adams Street Chicago IL  
*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**

**E-SCAN DATA SYSTEMS, INC.**

*Name of Organization*

The organization is a corporation It is organized under the laws of  
*Specify organizational form (e.g., for-profit corporation)*

TX USA The file number, if any, is 800195244  
*State Country Texas Secretary of State file number*

Its principal place of business is 555 West Adams Chicago IL  
*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.

**TRANSUNION HEALTHCARE, INC.**

*Name as Amended*

**Party 3**

**FINANCIAL HEALTHCARE SYSTEMS, LLC**

*Name of Organization*

The organization is a limited liability It is organized under the laws of  
*Specify organizational form (e.g., for-profit corporation)*

CO USA The file number, if any, is \_\_\_\_\_  
*State Country Texas Secretary of State file number*  
Its principal place of business is 555 West Adams Street Chicago IL  
*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**

In lieu of providing the plan of merger, each domestic filing entity certifies that:

1. 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.
2. 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 and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or obligee of the parties to the merger at the time of the merger if a liability or obligation is then outstanding.

*Complete item 3B if the merger effected changes to the certificate of formation of a surviving filing entity.*

- 3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger.
- 3B.  The plan of merger effected changes or amendments to the certificate of formation of:

**E-SCAN DATA SYSTEMS, INC.**

*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*

**4. 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.

\_\_\_\_\_  
*Name of New Organization 1* *Jurisdiction* *Entity Type (See instructions)*

\_\_\_\_\_  
*Principal Place of Business Address* *City* *State* *Zip Code*

\_\_\_\_\_  
*Name of New Organization 2* *Jurisdiction* *Entity Type (See instructions)*

\_\_\_\_\_  
*Principal Place of Business Address* *City* *State* *Zip Code*

\_\_\_\_\_  
*Name of New Organization 3* *Jurisdiction* *Entity Type (See instructions)*

\_\_\_\_\_  
*Principal Place of Business Address* *City* *State* *Zip*

### 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: \_\_\_\_\_

C.  This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90<sup>th</sup> 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. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument.

Date: July 24, 2015

**TRANSUNION HEALTHCARE LLC**

Merging Entity Name



Signature of authorized person (see instructions)

**Michael J. Forde, Vice President**

Printed or typed name of authorized person

**E-SCAN DATA SYSTEMS, INC.**

Merging Entity Name



Signature of authorized person (see instructions)

**Michael J. Forde, Vice President**

Printed or typed name of authorized person

**FINANCIAL HEALTHCARE SYSTEMS, LLC**

Merging Entity Name



Signature of authorized person (see instructions)

**Michael J. Forde, Vice President**

Printed or typed name of authorized person