

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM374931


SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MedRisk, Inc.		02/26/2016	CORPORATION: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	MedRisk, LLC		
Street Address:	2701 Renaissance Blvd., Suite 200		
City:	King of Prussia		
State/Country:	PENNSYLVANIA		
Postal Code:	19406		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	86725192	MEDRISK RESTORE	
Serial Number:	86840879	EXPERT CLINICAL BENCHMARKS	
CORRESPONDENCE DATA			
Fax Number:	2027393001		
<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>			
Phone:	2027393000		
Email:	felicia.gordon@morganlewis.com		
Correspondent Name:	Megan K. Bowen		
Address Line 1:	Morgan, Lewis & Bockius LLP		
Address Line 2:	1111 Pennsylvania Avenue, NW		
Address Line 4:	Washington, D.C. 20004		
ATTORNEY DOCKET NUMBER:	016333.0003		
NAME OF SUBMITTER:	Megan K. Bowen		
SIGNATURE:	/Megan K. Bowen/		
DATE SIGNED:	02/29/2016		
Total Attachments: 7			
source=PA Statement of Conversion and DE Certificates of Conversion#page1.tif			
source=PA Statement of Conversion and DE Certificates of Conversion#page2.tif			

CH \$65.00 86725192

source=PA Statement of Conversion and DE Certificates of Conversion#page3.tif
source=PA Statement of Conversion and DE Certificates of Conversion#page4.tif
source=PA Statement of Conversion and DE Certificates of Conversion#page5.tif
source=PA Statement of Conversion and DE Certificates of Conversion#page6.tif
source=PA Statement of Conversion and DE Certificates of Conversion#page7.tif

Entity# : 2608614
Date Filed : 02/26/2016
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

cls-ctharrisburgfulfillment @wolterskluwer.com 9899433 SOPA 16	Statement of Conversion  TCO160226JD1307
--	--

Read all instructions pri

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: MedRisk, Inc.
2. The jurisdiction of formation of the converting association is: Pennsylvania
3. The type of association is (check only one):

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____
4. Date on which the association was created, incorporated, formed or otherwise came into existence:
11/18/1994
(MM/DD/YYYY)
5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:
Business Corporation Law of 1988
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT. OF STATE

FEB 26 2016

DSCB:15-355-2

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) -- not both:</p> <p>(a) <u>640 Freedom Business Center, Suite 300</u> <u>King of Prussia</u> <u>PA</u> <u>19406</u> <u>Montgomery</u> Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ Number and street City State Zip</p>

B. For the converted association:

1. The name of the converted association is: MedRisk, LLC

2. The jurisdiction of formation of the converted association is: Delaware

3. The type of association is (check only one):

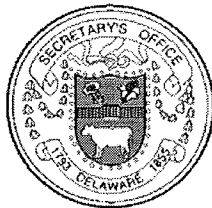
- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A PENNSYLVANIA CORPORATION UNDER THE NAME OF "MEDRISK, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "MEDRISK, INC." TO "MEDRISK, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016, AT 12:15 O`CLOCK P.M.



5974291 8100F
SR# 20161218776

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 201895256
Date: 02-26-16

TRADEMARK
REEL: 005742 FRAME: 0115

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:15 PM 02/26/2016
FILED 12:15 PM 02/26/2016
SR 20161218776 - File Number 5974291

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO
A LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT**

1. The jurisdiction where the Corporation was first formed is Pennsylvania.
2. The jurisdiction immediately prior to filing this Certificate is Pennsylvania.
3. The date on which the Corporation was first formed is November 18, 1994.
4. The name of the Corporation immediately prior to filing this Certificate is MedRisk, Inc.
5. The name of the Limited Liability Company as set forth in the Certificate of Formation is MedRisk, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 26th day of February, 2016.

By: Shelley L. Boyce
Shelley L. Boyce
Chief Executive Officer


Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MEDRISK, LLC" FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2016, AT 12:15 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5974291 8100F
SR# 20161218776

Authentication: 201895256
Date: 02-26-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 005742 FRAME: 0117

CERTIFICATE OF FORMATION

OF

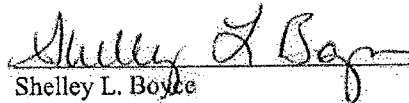
MEDRISK, LLC

This Certificate of Formation of MedRisk, LLC (the "Company") is being executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

FIRST: The name of the Company is: MedRisk, LLC.

SECOND: The address of the registered office of the Company in Delaware is 1209 Orange Street, in the City of Wilmington, County of New Castle, 19801 and its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned, being the individual forming the Company, has executed, signed and acknowledged this Certificate of Formation this 26th day of February, 2016.



Shelley L. Boyle
Authorized Person

State of Delaware
Secretary of State

Division of Corporations

Delivered 12:15 PM 02/26/2016

FILED 12:15 PM 02/26/2016

SR 20161218776 - File Number 5974291

RECORDED: 02/29/2016

TRADEMARK
REEL: 005742 FRAME: 0118