TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM390764

Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2015

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
The Rehab Documentation Company, Inc.		12/29/2015	Corporation: TENNESSEE

RECEIVING PARTY DATA

Name:	Net Health Systems, Inc.	
Street Address: 40 24th Street, 5th Floor		
City:	PITTSBURGH	
State/Country:	PENNSYLVANIA	
Postal Code: 15222		
Entity Type: Corporation: PENNSYLVANIA		

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Serial Number:	78018121	REDOC
Serial Number:	85669414	REDOC WEB

CORRESPONDENCE DATA

Fax Number: 4129455933

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.

Phone: 4124718815

Email: assignments@webblaw.com

Cecilia R. Dickson, The Webb Law Firm **Correspondent Name:** 420 Fort Duquesne Boulevard, Suite 1200 Address Line 1:

Address Line 2: One Gateway Center

Address Line 4: Pittsburgh, PENNSYLVANIA 15222

ATTORNEY DOCKET NUMBER:	7667-1603308
NAME OF SUBMITTER:	Cecilia R. Dickson
SIGNATURE:	/CRD/
DATE SIGNED:	07/08/2016

Total Attachments: 5

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS 401 NORTH STREET, ROOM 206 P.O.BOX 8722 HARRISBURG,PA 17105-8722 WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC counter Harrisburg PA 17101

NET HEALTH SYSTEMS, INC.

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE LOCATED <u>WWW.CORPORATIONS.STATE.PA.US/Search/CorpSearch</u> OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND /OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEBSITE.

ENTITY NUMBER: 2448869

Entity# : 2448869 Date Filed : 12/31/2015 Pedro A. Cortés Secretary of the Commonwealth

24426

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Penncorp Servicegroup, Inc.	Statement of Merger DSCB:15-335				
Name 600 N. 2nd Street, Suite 401					
PO Box 1210					
Harrisburg, PA 17108-1210 City State Zip Code	TCO160106JF0396				
Return document by email to:					
Read all instructions	pr				
Fee: \$70 plus \$40 for each association that is a party to the The minimum amount to be submitted with this filing					
In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:					
A. For the surviving association:					
1. The name of the surviving association is: Net Health S	Systems, Inc.				
2. The jurisdiction of formation of the surviving association: Pennsylvania					
3. The type of association of the surviving association is (check only one):					
 ☑ Business Corporation ☐ Nonprofit Corporation ☐ Limited Liability Company ☐ Limited Partnership ☐ Limited Liability (General) Partnership ☐ Limited Liability Limited Partnership ☐ Business Trust ☐ Professional Association ☐ Other 					

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4. T	he surviving association is a (check only one t	oox, provide address and	follow instructions	for attachme	nts):
	Domestic (Pennsylvania) filing entity already in existence on Department of State records If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.				
	NEW domestic (Pennsylvania) filing entity Attach to this Statement the public organic recor	(includes limited liabilind of the new entity.	ty limited partnersh	ip)	
	Foreign filing association or foreign limited liability partnership already registered with the Department. If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.				
	Foreign filing association or foreign limited Department of State Attach to this Statement a completed form DSCL attachments.				
	Its current registered office address. Comple	ete part (a) OR (b) – not	both:		
	(a) Number and street (b) c/o: National Corporate	e Research	L+d.	Zip Dauph	County In County
	Name of Commercial Registered Office Pro	ovider /			County
	NEW domestic (Pennsylvania) limited liable Attach completed DSCB:15-8201 (Statement of	Ility partnership or electing Registration or DSCB:1:	ing partnership 5-8701A (Statement of	f Election)	
	Domestic association that is not a domestic Attach to this Statement tax clearance certificat	filing association les.			
	The address, including street and number, i	f any, of its principal of	fice:		
	Number and street	City	State	Zip	County
נ	Foreign association that is not, and will not Attach to this Statement tax clearance certificat	, be registered with the les.	Department of State	:	
	The address, including street and number, i maintained by the law of its jurisdiction of similar office, its principal office:	If any, of its registered o formation; or if it is not	r similar office, if a required to maintai	ny, required in a registered	o be l or
	Number and street	City	State	Zip	
Į.					

DSCB:15-335-3

В.	For the merging association(s) that are not surviving the merger:					
	1. The name of the merging association is: The Rehab Documentation Company, Inc.					
	2. The jurisdiction of formation of th	e merging association: <u>Tennessee</u>				
	3. The type of association is (check only one): Business Corporation Chimited Partnership Nonprofit Corporation Limited Liability (General) Partnership Limited Liability Company Limited Liability Limited Partnership Other					
	4. Check and complete one of the fo	llowing addresses.				
	If the merging association is a domestic filing association, domestic limited liability partnership or regist foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) - not both: (a) Number and street City State Zip County					
	(b) c/o: Name of Commercial Registered	d Office Provider			County	
	If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:					
	Number and street	City	State	Zip	County	
Ø	any, of its registered or similar off	If the merging 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 address:				
	992 Davidson Drive, Suite B	Nashville City	Tennessee State	37205-1051 Zip		
1						

Use Statement of Merger - Addendum (DSCB:15-335AD) for additional merging parties that are not surviving the merger.

DSCB:15-335-4

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):			
	This Statement of Merger shall be effective upon filing in the Dep	artment of State.	
	This Statement of Merger shall be effective on: 12/31/2015 Date (MM/DD/	YYYY) Hour (If any)	
D.	 Approval of merger by merging associations (check all applicable since the provided of the provi	e with the laws of the jurisdiction of formation.	
E.	Attachments (see Instructions for required and optional attachments).		
IN by	NTESTIMONY WHEREOF, the undersigned merging associations have duly authorized officers thereof this day of Pe	e caused this Statement of Merger to be signed	
	Net Uselih Oustana Ing	The Rehab Documentation Company	
	Net Health Systems, Inc. Name optiOrging กระจะก่องก	Name of Merging Association	
	Signature	Silgnorthy	
	Chief Financial Officer	Chief Financial Officer	
	Title	Title	

TRADEMARK REEL: 005831 FRAME: 0774

RECORDED: 07/08/2016