

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM394296

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Catamaran LLC		01/07/2016	Limited Liability Company: TEXAS
RECEIVING PARTY DATA			
Name:	OptumRx Administrative Services, LLC		
Street Address:	2441 Warrenville Road		
Internal Address:	Suite 610		
City:	Lisle		
State/Country:	ILLINOIS		
Postal Code:	60532		
Entity Type:	Limited Liability Company: TEXAS		
PROPERTY NUMBERS Total: 33			
Property Type	Number	Word Mark	
Serial Number:	85321952	ASCEND SPECIALTY	
Serial Number:	85669459	BRIOVA	
Serial Number:	85982496	BRIOVA	
Serial Number:	85669484	BRIOVARX	
Serial Number:	86281164	BRIOVALIVE	
Serial Number:	86281398	BRIOVARX CONNECT	
Serial Number:	86303110	BRIOVARX SELECT	
Serial Number:	85979288	C CATAMARAN	
Serial Number:	85654724	C	
Serial Number:	85978290	CATAMARAN	
Serial Number:	85762341	CATAMARAN HOME DELIVERY	
Serial Number:	85037449	HEALTHCARE IT GROUP OUR SOLUTIONS DRIVE	
Serial Number:	86571370	INFORMED TRENDS	
Serial Number:	85007438	MOVE AHEAD	
Serial Number:	85010747	OUR SOLUTIONS DRIVE YOUR SUCCESS	
Serial Number:	86479593	PARTNERKEY	
Serial Number:	86310781	PHARMACOSYNCHRONY	
Serial Number:	86095694	RXAUTH	
TRADEMARK			

CH \$840.00 85321952

Property Type	Number	Word Mark
Serial Number:	85214221	RXBUILDER
Serial Number:	74177915	RXCLAIM
Serial Number:	74335180	RXCLAIM
Serial Number:	85037461	RXCLAIM
Serial Number:	85037466	RXCLAIM SUITE
Serial Number:	85037476	RXCLAIM SUITE
Serial Number:	76081764	RXMAX
Serial Number:	85108284	RXPARALLEL
Serial Number:	74308616	RXSERVER
Serial Number:	85037482	RXSERVER
Serial Number:	76176986	RXTRACK
Serial Number:	85037488	RXTRACK
Serial Number:	86697299	RXVIEW
Serial Number:	85037865	SXC HEALTH SOLUTIONS CORP.
Serial Number:	85962944	THE CATAMARAN DIFFERENCE

CORRESPONDENCE DATA

Fax Number: 4048927056

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: 4048851500

Email: chiipdocket@seyfarth.com

Correspondent Name: Joseph V. Myers III

Address Line 1: 1075 Peachtree St NE

Address Line 2: Suite 2500

Address Line 4: Atlanta, GEORGIA 30309

ATTORNEY DOCKET NUMBER:	23845.009061
NAME OF SUBMITTER:	Stephen G. Adams
SIGNATURE:	/Stephen G. Adams/
DATE SIGNED:	08/09/2016

Total Attachments: 4

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source=Articles of Incorporation - OAS (2016-02-01) Amendment#page4.tif



Office of the Secretary of State

**CERTIFICATE OF FILING
OF**

**OptumRx Administrative Services, LLC
801694009**

[formerly: Catamaran LLC]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 01/15/2016

Effective: 02/01/2016



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

Carlos H. Cascos
Secretary of State

Form 424
(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



This space reserved for office use.
FILED
In the Office of the
Secretary of State of Texas
JAN 15 2016
Corporations Section

Certificate of Amendment

Entity Information

The name of the filing entity is:

Catamaran LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|---|---|
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 134219900

The date of formation of the entity is: 01/25/1995

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

OptumRx Administrative Services, LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
 (Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First Name *M.I.* *Last Name* *Suffix*

C. The business address of the registered agent and the registered office address is:

Street Address (No P.O. Box) *City* *State* *Zip Code*

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format. *

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

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

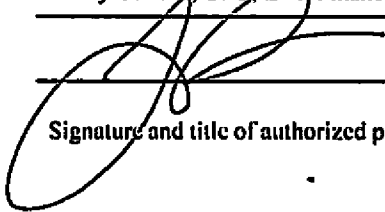
- A. This document becomes effective when the document is filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: February 1, 2016
- C. This document takes effect upon the occurrence of a 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:

Execution

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

Date: 1-7-2016

Jeffrey G. Park, CFO, EVR Finance, Treasurer



Signature and title of authorized person(s) (see instructions)