

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM462566

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Security Agreement		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Community Care Health Network, LLC		02/16/2018	Limited Liability Company: DELAWARE
DPN USA, LLC		02/16/2018	Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SunTrust Bank, as Collateral Agent		
<b>Street Address:</b>	1211 Perimeter Center Parkway, Suite 100		
<b>City:</b>	Atlanta		
<b>State/Country:</b>	GEORGIA		
<b>Postal Code:</b>	30346		
<b>Entity Type:</b>	Bank: UNITED STATES		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2863217	MATRIX MEDICAL NETWORK	
<b>Registration Number:</b>	4220496	HEALTHFAIR ON THE ROAD TO BETTER HEALTH.	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8009144240		
<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>	800-713-0755		
<b>Email:</b>	Michael.Violet@wolterskluwer.com		
<b>Correspondent Name:</b>	CT Corporation		
<b>Address Line 1:</b>	4400 Easton Commons Way		
<b>Address Line 2:</b>	Suite 125		
<b>Address Line 4:</b>	Columbus, OHIO 43219		
<b>NAME OF SUBMITTER:</b>	Doris Ka		
<b>SIGNATURE:</b>	/Doris Ka/		
<b>DATE SIGNED:</b>	02/19/2018		
<b>Total Attachments: 7</b>			
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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**

1. Community Care Health Network, LLC  
2. DPN USA, LLC

Individual(s)                       Association  
 Partnership                       Limited Partnership  
 Corporation- State: \_\_\_\_\_  
 Other 1. limited liability company - Delaware  
2. limited liability company - Florida \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**  Yes  
Additional names, addresses, or citizenship attached?  No

Name: SunTrust Bank, as Collateral Agent

Street Address: 1211 Perimeter Center Parkway, Suite 100

City: Atlanta

State: GA

Country: USA Zip: 30346

Individual(s) Citizenship \_\_\_\_\_  
 Association Citizenship \_\_\_\_\_  
 Partnership Citizenship \_\_\_\_\_  
 Limited Partnership Citizenship \_\_\_\_\_  
 Corporation Citizenship \_\_\_\_\_  
 Other Bank Citizenship USA

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

**3. Nature of conveyance/Execution Date(s) :**

Execution Date(s) February 16, 2018

Assignment                       Merger  
 Security Agreement                       Change of Name  
 Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s) \_\_\_\_\_

B. Trademark Registration No.(s)

2863217, 4220496

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

**5. Name & address of party to whom correspondence concerning document should be mailed:**

Name: Doris Ka

Internal Address: Cahill Gordon & Reindel LLP

Street Address: 80 Pine Street

City: New York

State: NY Zip: 10005

Phone Number: (212) 701-3569

Docket Number: 78840.087

Email Address: dka@cahill.com

**6. Total number of applications and registrations involved:** 2


**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$** \_\_\_\_\_

Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

**9. Signature:**  February 16, 2018

Signature Date

Doris Ka, Legal Assistant

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 7

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

**GRANT OF SECURITY INTEREST  
IN UNITED STATES TRADEMARKS**

February 16, 2018

**FOR GOOD AND VALUABLE CONSIDERATION**, receipt and sufficiency of which are hereby acknowledged, COMMUNITY CARE HEALTH NETWORK, LLC, a Delaware limited liability company and DPN USA, LLC, a Florida limited liability company (each, a “**Grantor**” and together, the “**Grantors**”), hereby grant to SUNTRUST BANK, in its capacity as collateral agent (in such capacity, the “**Grantee**”), a continuing security interest in (a) all of the Grantors’ right, title and interest in, to and under all Trademarks, including all trademark registrations and trademark applications set forth on Schedule A attached hereto, (b) all rights and privileges arising under applicable law with respect to the Grantors’ use of any trademarks, tradenames, trade dress and service marks, (c) the goodwill of the business symbolized by each of the foregoing, including, without limitation, all customer lists and other records relating to the distribution of products or services bearing the foregoing, (d) all present and future license and distribution agreements (subject to the rights of the licensors therein) pertaining to the foregoing (collectively, “**Trademark Collateral**”), (e) all income, fees, royalties and other payments at any time due or payable with respect thereto, including, without limitation, payments under all licenses at any time entered into in connection therewith; (f) the right to sue for past, present and future infringements thereof, (g) all rights corresponding thereto, (h) any and all other proceeds of any of the foregoing, including, without limitation, all damages and payments or claims by any Grantor against third parties for past or future infringement of the Trademarks and (i) all causes of action arising prior to or after the date hereof for unfair competition regarding the Trademarks.

The Grantors authorize and request that the Commissioner of Patents and Commissioner of Trademarks record this Agreement.

**THIS GRANT** (the “**Grant**”), dated as of date first set forth above, is made to secure the satisfactory performance and payment of all the Obligations of the Grantors, as such term is defined in the Pledge and Security Agreement by, among others, the Grantors and the Grantee, dated as of February 16, 2018 (as amended, modified, restated and/or supplemented from time to time, the “**Security Agreement**”). The Grantors do hereby acknowledge and confirm that the grant of the security interest herein, and the rights and remedies of the Grantee with respect to the security interest granted herein, are more fully set forth in the Security Agreement, all terms and provisions of which are incorporated herein by reference. In the event that any provisions of this Grant are deemed to conflict with the Security Agreement, the provisions of the Security Agreement shall govern.

This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York.

This Grant may be executed in any number of counterparts each of which when so executed shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

**IN WITNESS WHEREOF**, the undersigned have executed this Grant as of the date first set forth above.

**COMMUNITY CARE HEALTH NETWORK, LLC**,  
a Delaware limited liability company,  
as a Grantor

By: Walter W. Cooper  
Name: Walter W. Cooper  
Title: Chief Executive Officer and President

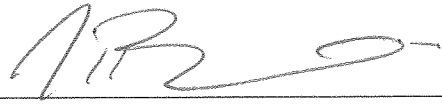
**IN WITNESS WHEREOF**, the undersigned have executed this Grant as of the date first set forth above.

**DPN USA, LLC**, a Florida limited liability company,  
as a Grantor


By: Community Care Health Network, LLC, its  
sole member

By: Walter W. Cooper  
Name: Walter W. Cooper  
Title: Chief Executive Officer and President

SUNTRUST BANK,  
as Collateral Agent  
as Grantee

By:   
Authorized Signatory

SUNTRUST BANK,  
as Collateral Agent  
as Grantee

By:   
\_\_\_\_\_  
Authorized Signatory



**SCHEDULE A**

**TRADE NAMES, TRADEMARKS, SERVICES MARKS, TRADEMARK AND SERVICE MARK  
REGISTRATIONS AND APPLICATIONS FOR TRADEMARK AND SERVICE MARK  
REGISTRATIONS**

<b>1.</b>	<b>Trademark/Image</b>	<b>Application Number</b>	<b>Registration Number</b>	<b>Jurisdiction</b>	<b>Status</b>	<b>Owner</b>
1.	MATRIX MEDICAL NETWORK	76342013	2863217	U.S.	Registered	Community Care Health Network, LLC
2.	HealthFair on the Road to Better Health:	85389642	4220496	U.S.	Registered	DPN USA, LLC