

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM516360

|   |                                     |                            |                               |
|---|-------------------------------------|----------------------------|-------------------------------|
| <b>SUBMISSION TYPE:</b>   | NEW ASSIGNMENT                      |                            |                               |
| <b>NATURE OF CONVEYANCE:</b>  | CHANGE OF NAME                      |                            |                               |
| <b>CONVEYING PARTY DATA</b>   |                                     |                            |                               |
| <b>Name</b>   | <b>Formerly</b>                     | <b>Execution Date</b>      | <b>Entity Type</b>            |
| Neighborhood Health Plan, Incorporated  |                                     | 01/08/2019                 | Corporation:<br>MASSACHUSETTS |
| <b>RECEIVING PARTY DATA</b>   |                                     |                            |                               |
| <b>Name:</b>  | AllWays Health Partners, Inc.       |                            |                               |
| <b>Street Address:</b>  | 399 Revolution Drive                |                            |                               |
| <b>City:</b>  | Somerville                          |                            |                               |
| <b>State/Country:</b>   | MASSACHUSETTS                       |                            |                               |
| <b>Postal Code:</b>   | 02145                               |                            |                               |
| <b>Entity Type:</b>   | Corporation: MASSACHUSETTS          |                            |                               |
| <b>PROPERTY NUMBERS Total: 3</b>  |                                     |                            |                               |
| <b>Property Type</b>  | <b>Number</b>                       | <b>Word Mark</b>           |                               |
| <b>Serial Number:</b>   | 87689726                            | EASY TIER HOSPITAL NETWORK |                               |
| <b>Serial Number:</b>   | 87949059                            | IHEART CHAMPION            |                               |
| <b>Serial Number:</b>   | 88071525                            | MEDICARE BALANCE           |                               |
| <b>CORRESPONDENCE DATA</b>  |                                     |                            |                               |
| <b>Fax Number:</b>  |                                     |                            |                               |
| <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>   | 617-426-5553                        |                            |                               |
| <b>Email:</b>   | hiebert@samuelsTM.com               |                            |                               |
| <b>Correspondent Name:</b>  | Timothy H. Hiebert                  |                            |                               |
| <b>Address Line 1:</b>  | Two International Place, Suite 2330 |                            |                               |
| <b>Address Line 4:</b>  | Boston, MASSACHUSETTS 02110-4104    |                            |                               |
| <b>NAME OF SUBMITTER:</b>   | Timothy H. Hiebert                  |                            |                               |
| <b>SIGNATURE:</b>   | /Timothy H. Hiebert/                |                            |                               |
| <b>DATE SIGNED:</b>   | 03/28/2019                          |                            |                               |
| <b>Total Attachments: 0</b>   |                                     |                            |                               |

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