

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM516363

<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, Inc.		01/08/2019	Non-Profit Corporation: 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: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	77778738		
<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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