

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM557512

<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>
WEST CLAIMS RECOVERY SERVICES, LLC		12/23/2019	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HMS Claims Recovery Solutions, LLC		
<b>Street Address:</b>	5615 High Point Drive		
<b>City:</b>	Irving		
<b>State/Country:</b>	TEXAS		
<b>Postal Code:</b>	75038		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2284476	ACCENT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2142000558		
<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>	2146515066		
<b>Email:</b>	jeff.becker@haynesboone.com		
<b>Correspondent Name:</b>	Jeffrey M. Becker c/o Haynes and Boone		
<b>Address Line 1:</b>	2323 Victory Avenue, Suite 700		
<b>Address Line 4:</b>	Dallas, TEXAS 75219		
<b>ATTORNEY DOCKET NUMBER:</b>	53721.55_08287		
<b>NAME OF SUBMITTER:</b>	Jeffrey M. Becker		
<b>SIGNATURE:</b>	/Jeffrey M. Becker/		
<b>DATE SIGNED:</b>	01/14/2020		
<b>Total Attachments: 2</b>			
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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "WEST CLAIMS RECOVERY SERVICES, LLC", CHANGING ITS NAME FROM "WEST CLAIMS RECOVERY SERVICES, LLC" TO "HMS CLAIMS RECOVERY SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019, AT 4:21 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

5624367 8100  
SR# 20198828260

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204294142  
Date: 12-26-19

**TRADEMARK**  
**REEL: 006837 FRAME: 0947**

**AMENDED AND RESTATED  
CERTIFICATE OF FORMATION  
OF  
WEST CLAIMS RECOVERY SERVICES, LLC**

This Amended and Restated Certificate of Formation of West Claims Recovery Services, LLC (the "LLC") has been duly executed and is being filed in accordance with the Delaware Limited Liability Company Act (6 Del. C. § 18-208), to amend and restate the original Certificate of Formation of the LLC, filed with the Secretary of State of the State of Delaware on October 20, 2014, under the name "West Claims Recovery Services, LLC" (as heretofore amended, the "Certificate").

The Certificate is hereby amended and restated in its entirety to read as follows:

1. The name of the limited liability company is HMS Claims Recovery Solutions, LLC.
2. The address of the registered office of the LLC in the State of Delaware is Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation this 23<sup>rd</sup> day of December, 2019.

/s/ Meredith W. Bjorck  
By: \_\_\_\_\_  
Meredith W. Bjorck  
Authorized Person