

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM584982

<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>
Cotiviti Corporation		09/28/2018	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Cotiviti Intermediate Corporation		
<b>Street Address:</b>	One Glenlake Parkway, Suite 1400		
<b>City:</b>	Atlanta		
<b>State/Country:</b>	GEORGIA		
<b>Postal Code:</b>	30328		
<b>Entity Type:</b>	Corporation: DELAWARE		
<b>PROPERTY NUMBERS Total: 14</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5167623	AUDIT LINK	
<b>Serial Number:</b>	88716420	CASPIAN INSIGHTS	
<b>Registration Number:</b>	2898160	CLAIMSPPLUS	
<b>Registration Number:</b>	4879205	CONNOLLYCONNECT	
<b>Registration Number:</b>	5214558	COTIVITI	
<b>Registration Number:</b>	5556102		
<b>Registration Number:</b>	3314788	DECIPHER	
<b>Registration Number:</b>	2632388	ECOM	
<b>Registration Number:</b>	2826723	ECOM PPO.COM	
<b>Registration Number:</b>	4390494	IHEALTH TECHNOLOGIES	
<b>Registration Number:</b>	3314787	RETRIEVER	
<b>Registration Number:</b>	4838661	RISK-READINESS	
<b>Registration Number:</b>	5145294		
<b>Registration Number:</b>	5132360	ROWDMAP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3122367516		
<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>	312 368 2152		

CH \$365.00 5167623

**Email:** sheila.brown@dlapiper.com  
**Correspondent Name:** Michael A. Geller, DLA Piper LLP  
**Address Line 1:** P.O. Box 64807  
**Address Line 4:** Chicago, ILLINOIS 60664-0807

**ATTORNEY DOCKET NUMBER:** 586707-000025

**NAME OF SUBMITTER:** Michael A. Geller

**SIGNATURE:** /Michael Geller/

**DATE SIGNED:** 07/06/2020

**Total Attachments: 3**

source=Cotiviti Corporation to Cotiviti Intermediate Corporation - DE Certificate of Amendment (Name Change)  
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9.28.18#page3.tif

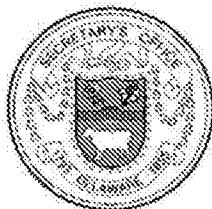
# Delaware

The First State

Page 1

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 CERTIFICATE OF AMENDMENT OF "COTIVITI CORPORATION", CHANGING ITS NAME FROM "COTIVITI CORPORATION" TO "COTIVITI INTERMEDIATE CORPORATION", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2018, AT 8:20 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Handwritten signature of Jeffrey W. Bullock, Secretary of State, in black ink over a horizontal line.

Jeffrey W. Bullock, Secretary of State

5163326 8100  
SR# 20186883132

Authentication: 203511526  
Date: 09-28-18

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

**TRADEMARK**  
**REEL: 006991 FRAME: 0397**

CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF INCORPORATION  
OF  
COTIVITI CORPORATION

SEPTEMBER 28, 2018

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Pursuant to Section 242 of the General  
Corporation Law of the State of Delaware

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Cotiviti Corporation, a Delaware corporation (the "Corporation"),  
does hereby certify as follows:


FIRST: Article FIRST of the Corporation's Certificate of  
Incorporation is hereby amended to read in its entirety as set forth below:

FIRST: The name of the corporation  
is Cotiviti Intermediate Corporation  
(hereinafter referred to as the  
"Corporation").

SECOND: The foregoing amendment was duly adopted in  
accordance with Section 242 of the General Corporation Law of the State of  
Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate to be duly executed in its corporate name this as of the date first written above.

COTIVITI CORPORATION

By:   
Name: Felix Morgan  
Title: Chief Financial Officer and  
Treasurer

*[Signature Page to Certificate of Amendment to Certificate of Incorporation of Cotiviti Corporation]*