

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
THE REGENGE GROUP		06/28/2011	CORPORATION:
RECEIVING PARTY DATA			
Name:	CAMBIA HEALTH SOLUTIONS, INC.		
Street Address:	100 SW Market Street		
City:	Portland		
State/Country:	OREGON		
Postal Code:	97201		
Entity Type:	CORPORATION: OREGON		
PROPERTY NUMBERS Total: 8			
Property Type	Number	Word Mark	
Serial Number:	85287715	HUBBUB	
Serial Number:	85287708	HUBBUB PLAY WELL. TOGETHER.	
Serial Number:	85305611	LIFEMAP	
Registration Number:	3503901	REGENGE ENGINE	
Registration Number:	3977807	SOJOURNS	
Serial Number:	85313541	SPRIG HEALTH	
Serial Number:	85287718	HUBBUB	
Serial Number:	85287724	PLAY WELL TOGETHER	
CORRESPONDENCE DATA			
Fax Number:	(212)588-0500		
Phone:	212 588 0800		
Email:	salli-rampersad@flhlaw.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Frommer Lawrence & Haug LLP		

OP \$215.00 85287715

Address Line 1: 745 Fifth Avenue  
Address Line 4: New York, NEW YORK 10151

ATTORNEY DOCKET NUMBER:	1361029-1000-NAME CHANGE
NAME OF SUBMITTER:	Deena Levy Weinhouse
Signature:	/Deena Levy Weinhouse/
Date:	03/14/2012

Total Attachments: 2  
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source=TRG\_Cambia Name Change\_Articles\_Filed 110411#page2.tif



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503)986-2200  
www.filinginoregon.com

Registry Number: 448979-81  
Type: DOMESTIC NONPROFIT CORPORATION

Next Renewal Date: 04/17/2012

CAMBIA HEALTH SOLUTIONS, INC.  
PO BOX 1071, M/S E15A  
PORTLAND OR 97207-1071

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**Document**

ARTICLES OF AMENDMENT

**Filed On**

11/04/2011

**Jurisdiction**

OREGON

**Nonprofit Type**

PUBLIC BENEFIT

**Name**

CAMBIA HEALTH SOLUTIONS, INC.

**Principal Place of Business**

200 SW MARKET ST SUITE 1500  
PORTLAND OR 97201

**Registered Agent**

KERRY E BARNETT  
200 SW MARKET ST SUITE 1500  
PORTLAND OR 97201

**Mailing Address**

PO BOX 1071, M/S E15A  
PORTLAND OR 97207-1071

**President**

MARK B GANZ  
200 SW MARKET ST STE 1500  
PORTLAND OR 97201

**Secretary**

KERRY E BARNETT  
200 SW MARKET ST SUITE 1500  
PORTLAND OR 97201



CONFIRMATION COPY

FILED NOV 04 2011

OREGON SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 448979-81

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: The Regence Group

2) STATE THE ARTICLE NUMBER(S): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

ARTICLE ONE - NAME

The name of this corporation shall be "CAMBIA HEALTH SOLUTIONS, INC."

3) THE AMENDMENT WAS ADOPTED ON: June 28, 2011

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

5) EXECUTION: (Must be signed by at least one officer or director.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Kerry E. Barnett

Title:

Corporate Secretary

CAMBIA HEALTH SOLUTIONS, INC.



44897981-13068716

AMDART

FEEES

Required Processing Fee \$50

Confirmation Copy (Optional) \$5

No Fee for Nonprofit Type Change.

No Fee for President/Secretary Change.

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."