

TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/31/2011		
CONVEYING PARTY DATA			
	Name	Formerly	Execution Date
	Healthcare Resource Associates, Inc.		12/30/2011
			Entity Type
			CORPORATION: NORTH CAROLINA
RECEIVING PARTY DATA			
Name:	Medicredit, Inc.		
Street Address:	Three City Place Drive		
Internal Address:	Suite 690		
City:	St. Louis		
State/Country:	MISSOURI		
Postal Code:	63141		
Entity Type:	CORPORATION: MISSOURI		
PROPERTY NUMBERS Total: 2			
	Property Type	Number	Word Mark
	Registration Number:	3527192	SELF-PAY ACCELERATOR
	Registration Number:	3184479	SELF PAY ACCELERATOR
CORRESPONDENCE DATA			
Fax Number:	2158325619		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	215-569-5619		
Email:	Pecsenye@BlankRome.com		
Correspondent Name:	Timothy D. Pecsenye		
Address Line 1:	Blank Rome LLP		
Address Line 2:	One Logan Square, 8th Floor		
Address Line 4:	Philadelphia, PENNSYLVANIA 19103-6998		
ATTORNEY DOCKET NUMBER:	101358-00101		

OP \$65.00 3527192

NAME OF SUBMITTER:	Timothy D. Pecsénye
Signature:	/Timothy D. Pecsénye/
Date:	06/27/2013
Total Attachments: 1 source=Medicredit, Inc. Articles of Merger#page1.tif	

State of North Carolina
Department of the Secretary of State

ARTICLES OF MERGER

Pursuant to North Carolina General Statute Sections 55-11-05(a), 55A-11-09(d), 55A-11-04, 57C-9A-22(a), 59-73.32(a) and 59-1072(a), as applicable, the undersigned entity does hereby submit the following Articles of Merger as the surviving business entity in a merger between two or more business entities.

1. The name of the surviving entity is Medicredit, Inc., a (check one) corporation, nonprofit corporation, professional corporation, limited liability company, limited partnership, partnership, limited liability partnership organized under the laws of Missouri (state or country).

2. The address of the surviving entity is:

Street Address Three CityPlace Drive, Ste. 690 City St. Louis
State MO Zip Code 63141 County St. Louis

(Complete only if the surviving business entity is a foreign business entity that is not authorized to transact business or conduct affairs in North Carolina.) The mailing address of the surviving foreign business entity is: Three CityPlace Drive, Ste. 690
St. Louis, MO 63141. The Surviving foreign business entity will file a statement of any subsequent change in its mailing address with the North Carolina Secretary of State.

3. For each merging entity: (if more than one, complete on separate sheet and attach.) The name of the merged entity is Healthcare Resource Associates, Inc., a (check one) corporation, nonprofit corporation, professional corporation, limited liability company, limited partnership, partnership, limited liability partnership organized under the laws of North Carolina (state or country).

4. If the surviving business entity is a domestic business entity, the text of each amendment, if any, to the Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership within the Plan of Merger is attached.

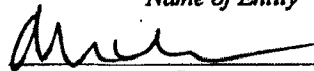
5. A Plan of Merger has been duly approved in the manner required by law by each of the business entities participating in the merger.

6. These articles will be effective upon filing unless a delayed date and/or time is specified 11:59 p.m. on 12/31/11.

This the 20th day of December, 2011.

Medicredit, Inc.

Name of Entity



Signature

W. R. Rouse, CEO
Type or Print Name and Title

NOTES:

1. Filing fee is \$50 for For-profit entities.
2. Filing fee is \$25 for Non-profit entities.
3. This document must be filed with the Secretary of State. Certificate(s) of Merger must be registered pursuant to the requirements of N.C.G.S. Section 47-18.1

(Revised September 2005)
CORPORATIONS DIVISION

P. O. BOX 29622

(Form BE-15)
RALEIGH, NC 27626-0622