

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
Majoris Health Systems, Inc.	FORMERLY Oregon Health Systems, Inc.	01/01/2012	CORPORATION: OREGON
RECEIVING PARTY DATA			
Name:	Majoris Health Systems Oregon, Inc.		
Street Address:	4035 Douglas Way		
City:	Lake Oswego		
State/Country:	OREGON		
Postal Code:	97035		
Entity Type:	CORPORATION: OREGON		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3534482	MAJORIS HEALTH SYSTEMS	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	5032420000		
Email:	john.rake@harrang.com		
Correspondent Name:	John Rake		
Address Line 1:	1001 SW Fifth Ave		
Address Line 2:	Suite 1600		
Address Line 4:	Portland, OREGON 97204		
NAME OF SUBMITTER:	John Rake		
Signature:	/s/ John Rake		
Date:	11/01/2013		
Total Attachments: 1			
source=Articles of Amendment - Name Change - to Majoris Health Systems Oregon (P0360367@xA8AA7)#page1.tif			

OP \$40.00 3534482



53 17 100

Articles of Amendment - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

MAY 17 2012

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 231648-82

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.

For office use only

Please Type or Print Legibly in Black Ink.

1) ENTITY NAME: Majoris Health Systems, Inc.

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

1. The new name of the organization is Majoris Health Systems Oregon, Inc.

3) THE AMENDMENT WAS ADOPTED ON: 1/1/12

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

4) CHECK THE APPROPRIATE STATEMENT:

[X] Shareholder action was required to adopt the amendment(s).

The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common	949	949	949	

[] Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

[] The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the Incorporators or by the board of directors.

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:

[Handwritten Signature]

Printed Name:

Joe Martin

Title:

CFO

MAJORIS HEALTH SYSTEMS OREGON,



23164882-13524362

AMDART

FEES

Required Processing Fee \$100

No Fee for President/Secretary Change.

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.