900270745 11/01/2013

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
Oregon Health Systems, Inc.		01/01/2012	CORPORATION: OREGON

RECEIVING PARTY DATA

Name:	Majoris Health Systems, 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:

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

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

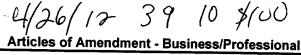
ATTORNEY DOCKET NUMBER:	12828-0028
NAME OF SUBMITTER:	John Rake
Signature:	/s/ John Rake

TRADEMARK REEL: 005144 FRAME: 0040 OP \$40,00 3534482

900270745

Date:	11/01/2013			
Total Attachments: 1 source=Articles of Amendment - Name Change - Oregon Health Systems to Majoris Health Systems (P0360363@xA8AA7) #page1.tif				

TRADEMARK REEL: 005144 FRAME: 0041





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

FILED

REGISTRY NUMBER: 231648-82

APR 27 2012

OREGON

In a We	ccordance with Oregon Revised St must release this information to all	atute 192.410-192.490, the infor parties upon request and it will t	mation on this application is public re be posted on our website.	ecord. SECRETA	RY OF STATE	
	ase Type or Print Legibly in Bla				For office use only	
1)	ENTITY NAME: Oregon Health Systems, Inc.					
2)	STATE THE ARTICLE NUMBE	TE THE ARTICLE NUMBER(s): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)				
	Article No. 1 - The new name of the corporation is Majoris Health Systems, Inc.					
3)	THE AMENDMENT WAS ADOP					
	(If more than one amendment wa	s adopted, identify the date of a	doption of each amendment.)			
4)	CHECK THE APPROPRIATE S	TATEMENT:				
	Shareholder action was	required to adopt the amend	Iment(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	NOMINOT	
	Shareholder action was no action.	Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the heard of directors without at			ectors without shareholder	
	The corporation has not is adopted by the Incorporate	ssued any shares of stock. S ors or by the board of directo	hareholder action was not requir	red to adopt the amendment(s).	The amendment(s) was	
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:				nowledge and belief, true,	
					onment or both.	
	CKOR ////	-11174	e Martin	Title: CFO		

MAJORIS HEALTH SYSTEMS, INC.



h JES

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 $\underline{{\sf FilingInOregon.com}},$ using the Business Name Search program.

11 - Articles of Amendment - Business Professional (03/12)

TRADEMARK REEL: 005144 FRAME: 0042

RECORDED: 11/01/2013