

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM399747

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Certificate of Correction of Certificate of Conversion		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Community Care Health Network, Inc		09/21/2016	Corporation: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Community Care Health Network, LLC		
<b>Street Address:</b>	9201 E. Mountain View Road		
<b>Internal Address:</b>	Suite 220		
<b>City:</b>	Scottsdale		
<b>State/Country:</b>	ARIZONA		
<b>Postal Code:</b>	85258		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2863217	MATRIX MEDICAL NETWORK	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2129096836		
<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>	212-909-6000		
<b>Email:</b>	trademarks@debevoise.com		
<b>Correspondent Name:</b>	Brett M. Novick, Esq.		
<b>Address Line 1:</b>	919 Third Avenue		
<b>Address Line 2:</b>	Debevoise & Plimpton LLP		
<b>Address Line 4:</b>	New York, NEW YORK 10022		
<b>NAME OF SUBMITTER:</b>	Brett M. Novick		
<b>SIGNATURE:</b>	/Brett M. Novick/		
<b>DATE SIGNED:</b>	09/26/2016		
<b>Total Attachments: 2</b>			
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source=COMMUNITY CARE HEALTH NETWORK LLC - Certificate of Correction#page2.tif			

CH \$40.00 2863217

# 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 CORRECTION OF "COMMUNITY CARE HEALTH NETWORK, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2016, AT 5:16 O`CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

3312823 8100  
SR# 20165896333

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

Authentication: 203038750  
Date: 09-22-16

**TRADEMARK**  
**REEL: 005885 FRAME: 0513**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:16 PM 09/21/2016  
FILED 05:16 PM 09/21/2016  
SR 20165886900 - File Number 3312823

**CERTIFICATE OF CORRECTION  
OF  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO LIMITED LIABILITY COMPANY  
OF  
COMMUNITY CARE HEALTH NETWORK, INC. TO  
COMMUNITY CARE HEALTH NETWORK, LLC**

This Certificate of Correction of Certificate of Conversion of Community Care Health Network, Inc. to Community Care Health Network, LLC, dated September 21, 2016, has been duly executed and is being filed by the undersigned, to correct the Certificate of Conversion of Community Care Health Network, Inc. to Community Care Health Network, LLC, which was filed on September 1, 2016, in the office of the Secretary of State of the State of Delaware (the "Certificate of Conversion"), as permitted by Section 266 of the General Corporation Law of the State of Delaware and 6 Del. C. § 18-214.

1. The defect to be corrected in the Certificate of Conversion is as follows: the signature block did not correctly reflect the capacity in which David Shackelton executed the Certificate of Conversion as authorized by the resolutions adopted by the board of directors of Community Care Health Network, Inc.

2. The signature block of the Certificate of Conversion is hereby corrected to read in its entirety as follows:

**COMMUNITY CARE HEALTH NETWORK, INC.**

By: CCHN Group Holdings, Inc., the sole member of  
its sole stockholder, as authorized signer

By: /s/ David Shackelton

Name: David Shackelton

Title: Treasurer and Chief Financial Officer

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Correction of Certificate of Conversion of Community Care Health Network, Inc. into Community Care Health Network, LLC as of the date first-above written.



David Shackelton  
Authorized Person