

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM647438

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HMS CLAIMS RECOVERY SOLUTIONS, LLC		05/14/2021	Limited Liability Company: DELAWARE
RECEIVING PARTY DATA			
Name:	COTIVITI CLAIMS RECOVERY SOLUTIONS, LLC		
Street Address:	251 LITTLE FALLS DRIVE		
City:	WILMINGTON		
State/Country:	DELAWARE		
Postal Code:	19808		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2284476	ACCENT	
CORRESPONDENCE DATA			
Fax Number:	2127352000		
<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>			
Phone:	212-735-2811		
Email:	mribando@skadden.com		
Correspondent Name:	Skadden, Arps, Slate, Meagher & Flom LLP		
Address Line 1:	One Manhattan West		
Address Line 2:	Monique L. Ribando		
Address Line 4:	New York, NEW YORK 10001-8602		
ATTORNEY DOCKET NUMBER:	201730/13		
NAME OF SUBMITTER:	Kendall Ickes		
SIGNATURE:	/kendall ickes/		
DATE SIGNED:	05/17/2021		
Total Attachments: 8			
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "COTIVITI CLAIMS RECOVERY SOLUTIONS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTIETH DAY OF OCTOBER, A.D. 2014, AT 4:02 O`CLOCK P.M.

RESTATED CERTIFICATE, CHANGING ITS NAME FROM "WEST CLAIMS RECOVERY SERVICES, LLC" TO "HMS CLAIMS RECOVERY SOLUTIONS, LLC", FILED THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019, AT 4:21 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE FOURTEENTH DAY OF MAY, A.D. 2021, AT 3:31 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "HMS CLAIMS RECOVERY SOLUTIONS, LLC" TO "COTIVITI CLAIMS RECOVERY SOLUTIONS, LLC", FILED THE FOURTEENTH DAY OF MAY, A.D. 2021, AT 5:48 O`CLOCK P.M.



Handwritten signature of Jeffrey W. Bullock, Secretary of State, with a horizontal line underneath and the printed name "Jeffrey W. Bullock, Secretary of State" below it.

5624367 8100H
SR# 20211827735

Authentication: 203220895
Date: 05-17-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

TRADEMARK
REEL: 007296 FRAME: 0350


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Page 2

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "COTIVITI CLAIMS RECOVERY
SOLUTIONS, LLC".*




Jeffrey W. Bullock, Secretary of State

5624367 8100H
SR# 20211827735

Authentication: 203220895
Date: 05-17-21

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REEL: 007296 FRAME: 0351

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is _____
West Claims Recovery Services, LLC

Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 in the City of Wilmington.
Zip code 19808. The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
20 day of October, 2014.

By: 
Authorized Person (s)

Name: David C. Mussman

**AMENDED AND RESTATED
CERTIFICATE OF FORMATION
OF
WEST CLAIMS RECOVERY SERVICES, LLC**

This Amended and Restated Certificate of Formation of West Claims Recovery Services, LLC (the "LLC") has been duly executed and is being filed in accordance with the Delaware Limited Liability Company Act (6 Del. C. § 18-208), to amend and restate the original Certificate of Formation of the LLC, filed with the Secretary of State of the State of Delaware on October 20, 2014, under the name "West Claims Recovery Services, LLC" (as heretofore amended, the "Certificate").

The Certificate is hereby amended and restated in its entirety to read as follows:

1. The name of the limited liability company is HMS Claims Recovery Solutions, LLC.
2. The address of the registered office of the LLC in the State of Delaware is Corporation Trust Center, 1209 Orange Street, Wilmington, New Castle County, Delaware 19801. The name of the registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Amended and Restated Certificate of Formation this 23rd day of December, 2019.

/s/ Meredith W. Bjorck
By: _____
Meredith W. Bjorck
Authorized Person

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
HMS Claims Recovery Solutions, LLC

2. The Registered Office of the limited liability company in the State of Delaware is changed to 251 Little Falls Drive
(street), in the City of Wilmington
Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is _____
Corporation Service Company

By: DocuSigned by:
Brett Magun
E509B373A7AF4FA Authorized Person

Name: Brett Magun
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:48 PM 05/14/2021
FILED 05:48 PM 05/14/2021
SR 20211799760 - File Number 5624367

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
HMS CLAIMS RECOVERY SOLUTIONS, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the Limited Liability Company has been changed to: Cotiviti Claims Recovery Solutions, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 14 day of May, A.D. 2021.

By: DocuSigned by:
Brett Magun
ESD9B373A1AF4FA... _____
Authorized Person(s)

Name: Brett Magun
Print or Type

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "COTIVITI CLAIMS RECOVERY SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTIETH DAY OF OCTOBER, A.D. 2014, AT 4:02 O`CLOCK P.M.

RESTATED CERTIFICATE, CHANGING ITS NAME FROM "WEST CLAIMS RECOVERY SERVICES, LLC" TO "HMS CLAIMS RECOVERY SOLUTIONS, LLC", FILED THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019, AT 4:21 O`CLOCK P.M.

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Handwritten signature of Jeffrey W. Bullock, Secretary of State, in black ink.

Jeffrey W. Bullock, Secretary of State

5624367 8310

SR# 20211827735

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203220940

Date: 05-17-21

TRADEMARK
REEL: 007296 FRAME: 0356

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AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID LIMITED LIABILITY COMPANY, "COTIVITI CLAIMS RECOVERY
SOLUTIONS, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

5624367 8310

SR# 20211827735

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Authentication: 203220940

Date: 05-17-21