


Form PTO-1595 (Rev. 03-11)
OMB No. 0651-0027 (exp. 03/31/2015)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies): UAM Global LLC</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance/Execution Date(s): Execution Date(s): <u>March 2, 2012</u></p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____</p>	<p>2. Name and address of receiving party(ies) Name: <u>Gradlan Health Systems LLC</u></p> <p>Internal Address: _____ Street Address: _____</p> <p><u>160 Fifth Avenue, 7th Fl</u></p> <p>City: <u>New York</u> State: <u>New York</u> Country: <u>United States of America</u> Zip: <u>10010</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application.</p> <p>A. Patent Application No.(s) <u>12/953,655</u></p> <p>B. Patent No.(s)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)</p>
<p>5. Name and address to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Marcus J. Millet</u> <u>LERNER, DAVID, LITTENBERG,</u> <u>KRUMHOLZ & MENTLIK, LLP</u></p> <p>Internal Address: <u>Atty. Dkt.:</u> Street Address: <u>600 South Avenue West</u></p> <p>City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u> Phone Number: <u>908-654-5000</u> Fax Number: <u>908-654-7866</u> Email Address: <u>ataylor@ldlkm.com</u></p>	<p>8. Payment Information</p> <p>Deposit Account Number <u>12-1095</u> Authorized User Name <u>Marcus J. Millet</u></p>
<p>9. Signature: </p> <p>_____ Signature</p> <p><u>Marcus J. Millet - 28,241</u> Name of Person Signing</p> <p style="text-align: right;">_____ Date <u>August 9, 2012</u></p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and documents: 3</p>	

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PAGE 1

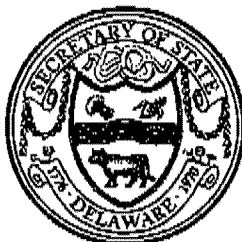
The First State

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 AMENDMENT OF "UAM GLOBAL LLC", CHANGING ITS NAME FROM "UAM GLOBAL LLC" TO "GRADIAN HEALTH SYSTEMS LLC", FILED IN THIS OFFICE ON THE SIXTH DAY OF MARCH, A.D. 2012, AT 4:55 O'CLOCK P.M.

4789368 8100

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9413005

DATE: 03-07-12

PATENT
REEL: 028754 FRAME: 0981

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:26 PM 03/06/2012
FILED 04:55 PM 03/06/2012
SRV 120280468 - 4789368 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

It is hereby certified that:

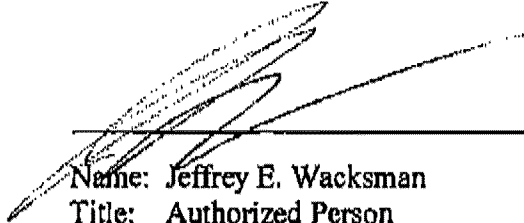
1. The name of the limited liability company (hereinafter called the "limited liability company") is:

UAM GLOBAL LLC

2. The certificate of formation of the limited liability company is hereby amended by striking out the statement entitled "FIRST" relating to the name of the limited liability company and by substituting in lieu thereof the following new statement:

"FIRST: The name of the limited liability company is Gradian Health Systems LLC".

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 2nd day of March, 2012.



Name: Jeffrey E. Wacksman
Title: Authorized Person