

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT5314543

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A CAROLINAS HEALTHCARE SYSTEM	01/10/2018
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY D/B/A ATRIUM HEALTH
<b>Street Address:</b>	POST OFFICE BOX 32861
<b>City:</b>	CHARLOTTE
<b>State/Country:</b>	NORTH CAROLINA
<b>Postal Code:</b>	28232
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	14902358
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(704)338-5377
<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>	7043385300
<b>Email:</b>	USpatent@nexsenpruet.com
<b>Correspondent Name:</b>	NEXSEN PRUET PLLC
<b>Address Line 1:</b>	227 WEST TRADE STREET
<b>Address Line 2:</b>	SUITE 1550
<b>Address Line 4:</b>	CHARLOTTE, NORTH CAROLINA 28202
<b>ATTORNEY DOCKET NUMBER:</b>	060003-00050
<b>NAME OF SUBMITTER:</b>	JANEL K. EZZELL
<b>SIGNATURE:</b>	/Janel K. Ezzell/
<b>DATE SIGNED:</b>	01/08/2019
<b>Total Attachments: 1</b>	
source=CHS_Assumed_Business_Name_Cert#page1.tif	

FOR REGISTRATION  
Fredrick Smith  
REGISTER OF DEEDS  
Mecklenburg County, NC  
2018 FEB 07 08:52:07 AM  
BK: 32450 PG: 303-303  
FEE: \$26.00  
INSTRUMENT # 2018014152

JACKSED



2018014152

**ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)**

Please print legibly.

RETURNED TO CUSTOMER

1. The assumed business name is:  
Atrium Health

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:  
The Charlotte-Mecklenburg Hospital Authority

SOSID = 0223690

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to [www.sosnc.gov/br/search](http://www.sosnc.gov/br/search) to look up your information.)

3. The nature/type of the business is: health care services

4. The street address of the principal place of business is: (PO Boxes are not acceptable)

Attn: Office of General Counsel (WRP), 1000 Blythe Blvd, Charlotte, NC 28203

5. The mailing address, if different from the street address, is:

6. The counties where the assumed business name will be used to engage in business are:

All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above, this 10<sup>th</sup> day of January, 2018.

Signature: Carol A. Lovin

Printed/Typed Name: Carol A. Lovin

Title: Executive Vice President

(See instructions for who must sign for various business entity types.)