505854025 01/08/2020

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5900962

| PROPERTY NUMBEF Property Typ | | Number | |
|---------------------------------|------------------------|----------------|------------|
| | | | |
| Postal Code: | 78723 | | |
| State/Country: | TEXAS | | |
| City: | AUSTIN | | |
| Internal Address: | SUITE 402 | | |
| Street Address: | 1345 PHILOMENA STREET | | |
| Name: | ASCENSION HEALTH TEXAS | | |
| RECEIVING PARTY D | ΔΤΑ | | |
| SETON HEALTHCARE FAMILY 09 | | | 09/16/2015 |
| Name | | Execution Date | |
| CONVEYING PARTY | DATA | | |
| NATURE OF CONVEYANCE: | | CHANGE OF NAME | |
| SUBMISSION TYPE: | | NEW ASSIGNMENT | |

| Property Type | Number |
|---------------------|----------|
| Application Number: | 13829450 |
| Application Number: | 14694323 |
| Application Number: | 15860386 |
| Application Number: | 14663833 |
| Application Number: | 14661188 |
| Application Number: | 14705073 |
| Application Number: | 15699252 |
| Application Number: | 62385007 |
| Application Number: | 15639429 |

CORRESPONDENCE DATA

| Fax Number: | (512)536-4598 | | | |
|--|------------------------------------|--|--|--|
| 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. | | | | |
| Phone: | 5124745201 | | | |
| Email: | AOIPDOCKET@NORTONROSEFULBRIGHT.COM | | | |
| Correspondent Name: | NORTON ROSE FULBRIGHT US LLP | | | |
| Address Line 1: | 98 SAN JACINTO BLVD. | | | |
| Address Line 2: | SUITE 1100 | | | |
| Address Line 4: | AUSTIN, TEXAS 78701 | | | |
| | | | | |

ATTORNEY DOCKET NUMBER: SETN

SETN.P0003-SETN.P0018US

| NAME OF SUBMITTER: | MONICA WOZNIAK | |
|----------------------|------------------|--|
| SIGNATURE: | /MONICA WOZNIAK/ | |
| DATE SIGNED: | 01/08/2020 | |
| Total Attachments: 1 | | |

source=SETN.P0001 - Tx SoS Name Change Filing - Seton Healthcare Family to Ascension Health Texas#page1.tif

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

Ascension Health Texas 801513218

[formerly: Seton Healthcare Family]

The undersigned, as Secretary of State of Texas, hereby certifies that a Restated Certificate of Formation for the above named domestic nonprofit corporation has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 09/16/2015

Effective: 10/01/2015



Culc

Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: Victoria Castillo Come visit us on the internet at http://www.sos.state.tx.us/ Fax: (512) 463-5709 TID: 10313

Dial: 7-1-1 for Relay Services Document: 630898690002

PATENT REEL: 051519 FRAME: 0536

RECORDED: 01/08/2020