

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM562516

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Triad Healthcare, LLC		02/18/2020	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	CHSPSC, LLC		
<b>Street Address:</b>	4000 Meridian Blvd.		
<b>Internal Address:</b>	Legal Department		
<b>City:</b>	Franklin		
<b>State/Country:</b>	TENNESSEE		
<b>Postal Code:</b>	37067		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3444757		
<b>Registration Number:</b>	2775950	GATEWAY MEDICAL CENTER	
<b>Registration Number:</b>	3166943	LUTHERAN SLEEP DISORDERS CENTER	
<b>Registration Number:</b>	3167543		
<b>Registration Number:</b>	3179375	ST. JOSEPH BEHAVIORAL HEALTH	
<b>Registration Number:</b>	3111485	REHABILITATION HOSPITAL OF FORT WAYNE	
<b>Registration Number:</b>	3144410	LUTHERAN HOSPITAL OF INDIANA	
<b>Registration Number:</b>	3131393	LUTHERAN HEART PAVILION	
<b>Registration Number:</b>	3156408	LUTHERAN HEART CENTER	
<b>Registration Number:</b>	3185051	LUTHERAN HEALTH NETWORK	
<b>Registration Number:</b>	3144409	LUTHERAN CHILDREN'S HOSPITAL	
<b>Registration Number:</b>	3037881	REDIMED	
<b>Registration Number:</b>	3285337		
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			

OP \$340.00 3444757

**Phone:** 615-465-7106  
**Email:** jennifer\_kovalcik@chs.net  
**Correspondent Name:** Jennifer L. Kovalcik  
**Address Line 1:** 4000 Meridian Blvd.  
**Address Line 2:** Legal Department  
**Address Line 4:** Franklin, TENNESSEE 37067

<b>NAME OF SUBMITTER:</b>	Jennifer L. Kovalcik, KY bar member
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<b>SIGNATURE:</b>	/s/ Jennifer L. Kovalcik
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<b>DATE SIGNED:</b>	02/18/2020
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**Total Attachments: 2**

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**TRADEMARK ASSIGNMENT**

**Triad Healthcare, LLC**, a Delaware limited liability company (“Assignor”), is the record owner of the marks and trademark registrations shown below in Exhibit A (the “Marks”). **CHSPSC, LLC**, a Delaware limited liability company with a principal office located at 4000 Meridian Boulevard, Franklin, Tennessee 37067 (“Assignee”), is an affiliate of Assignor, and desires an assignment of the Marks and all associated goodwill.



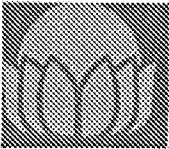
Assignor wishes to assign the Marks together with all goodwill symbolized thereby to its affiliate, Assignee.

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which is acknowledged, Assignor hereby assigns all right, title, and interest to the Marks, their associated registrations, and together with all goodwill symbolized by such Marks to Assignee, including all related rights to any past or existing causes of actions, damages, or rights to pursue any of the foregoing.

This assignment shall be governed by the laws of the State of Tennessee without regard to conflicts of law principles and is the complete agreement between the parties with respect to the subject matter hereof.

<p><b>Triad Healthcare, LLC</b></p> <p>By: <u><i>Kevin J. Hammons</i></u>                  Kevin J. Hammons                  Executive Vice President</p> <p>DATE: <u>2-17</u>, 2020</p>	<p><b>CHSPSC, LLC</b></p> <p>By: <u><i>W. Bradly Cash</i></u>                  W. Bradly Cash                  SVP, Financial Operations</p> <p>DATE: <u>2-18</u>, 2020</p>
<p>STATE OF TENNESSEE )                  COUNTY OF WILLIAMSON )</p> <p>Subscribed and sworn to before me</p> <p>This <u>17<sup>th</sup></u> day of <u>February</u>, 2020.</p> <p><u><i>[Signature]</i></u>                  Notary Public                  My Commission expires <u>May 5</u>, 2020.</p>	<p>STATE OF TENNESSEE )                  COUNTY OF WILLIAMSON )</p> <p>Subscribed and sworn to before me</p> <p>This <u>18<sup>th</sup></u> day of <u>February</u>, 2020.</p> <p><u><i>Natalie M. Lowe</i></u>                  Notary Public                  My Commission expires <u>October 4</u>, 2021.</p>

EXHIBIT A

MARK	REGISTRATION NO.
	3444757
GATEWAY MEDICAL CENTER	2775950
LUTHERAN SLEEP DISORDERS CENTER	3166943
	3167543
ST JOSEPH BEHAVIORAL HEALTH	3179375
REHABILITATION HOSPITAL OF FORT WAYNE	3111485
LUTHERAN HOSPITAL OF INDIANA	3144410
LUTHERAN HEART PAVILION	3131393
LUTHERAN HEART CENTER	3156408
LUTHERAN HEALTH NETWORK	3185051
LUTHERAN CHILDREN'S HOSPITAL	3144409
REDIMED	3037881
	3285337