

FORM PTO-1618A
Expires 08/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year _____
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Community Health Systems, Inc.

02232000

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization DE

Receiving Party

Mark if additional names of receiving parties attached

Name CHS/Community Health Systems, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 155 Franklin Road

Address (line 2) Suite 400

Address (line 3) Brentwood

TN

37027

- Individual General Partnership Limited Partnership
- Corporation Association
- Other _____

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

- Citizenship/State of Incorporation/Organization DE

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practices. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

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FORM PTO-1618B
Expires 06/30/99
OMB 0851-0027

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U.S. Department of Commerce
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Domestic Representative Name and Address Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75876832"/>	<input type="text" value="75480171"/>	<input type="text" value="75876945"/>	<input type="text" value="1988032"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: #

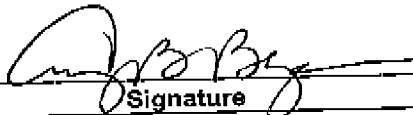
Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Amy B. Berge

Name of Person Signing



Signature

August 23, 2000

Date Signed

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, 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 "COMMUNITY HEALTH SYSTEMS, INC.", CHANGING ITS NAME FROM "COMMUNITY HEALTH SYSTEMS, INC." TO "CHS/COMMUNITY HEALTH SYSTEMS, INC.", FILED IN THIS OFFICE ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2000, AT 12 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Edward J. Freel

Edward J. Freel, Secretary of State

2057824 8100

001092675

AUTHENTICATION: 0277254

DATE: 02-24-00

RECEIVED TIMEMAR. 2. 4:00PM

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TRADEMARK

REEL: 002098 FRAME: 0892

**CERTIFICATE OF AMENDMENT OF
THE RESTATED CERTIFICATE OF INCORPORATION
OF**

**COMMUNITY HEALTH SYSTEMS, INC.
(to be renamed "CHS/Community Health Systems, Inc.")**

**(Pursuant to Section 242 of the
General Corporation Law of the State of Delaware)**

The undersigned, Rachel Seifert, certifies that she is the Vice President and Secretary of Community Health Systems Inc., a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), and does hereby further certify as follows:


(1) This Certificate of Amendment to the Restated Certificate of Incorporation, which amends the certificate of incorporation of the Corporation by changing the name of the Corporation, was duly adopted in accordance with Sections 228 and 242 of the General Corporation Law of the State of Delaware.

(2) The FIRST paragraph of the Restated Certificate of Incorporation of the Corporation is hereby amended to read in its entirety as follows:

"FIRST: The name of the Corporation is CHS/Community Health Systems, Inc. (the "Corporation")."

IN WITNESS WHEREOF, Community Health Systems, Inc. has caused this Certificate of Amendment of the Restated Certificate of Incorporation to be signed by Rachel Seifert, its Vice President and Secretary on this 23 day of February, 2000.

COMMUNITY HEALTH SYSTEMS, INC.

By: 
Name: Rachel Seifert
Title: Vice President and
Secretary

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