

MRD 6.17.98

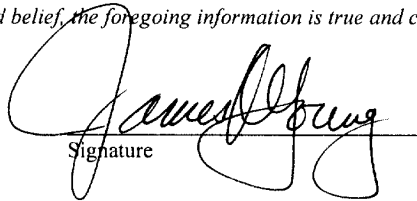
06-26-1998

FORM PTO 1595  
1-31-92

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SET	U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office	
JUN 17 1998	

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):</p> <p><b>Imex Medical Systems, Inc.</b> <b>a/k/a Imex Medical Systems, Incorporated</b></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Names and address of receiving party(ies):</p> <p>Name: <b>Nicolet Vascular Inc.</b> Internal Address: <b>6355 Joyce Drive</b> <b>Golden, CO 80403</b></p> <p>Additional names &amp; addresses attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date <u>September 26, 1997</u></p>			
<p>4. Application number(s) or patent number(s):</p> <p>If this document is being filed together with a new application, the execution date of the application is: _____</p> <p>A. Patent Application No.(s) B. Patent No.(s) <b>5,640,960</b></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <b>James R. Young</b> Street Address: <b>1900 Fifteenth Street</b> City, State, Zip: <b>Boulder, CO 80302</b></p>		<p>6. Total number of applications and patents involved: <b>One</b></p> <p>7. Total fee (37 CFR 3.41) <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <b>03-1725</b> (For discrepancies) (Attached duplicate copy of this page if paying by deposit account)</p>	
DO NOT USE THIS SPACE			
<p>9. Statement and signature.</p> <p><i>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.</i></p> <p><u>James R. Young</u> Name of person signing</p> <p> Signature</p> <p><u>June 10, 1998</u> Date</p> <p>Total number of pages comprising cover sheet: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 1</p>			

REEL: 9237 FRAME: 0454

Please include a typed  
self-addressed envelope

MUST BE TYPED  
FILING FEE: \$25.00  
MUST SUBMIT TWO COPIES

Mail to: Secretary of State  
Corporations Section  
1560 Broadway, Suite 200  
Denver, CO 80202  
(303) 894-2251  
Fax (303) 894-2242

For office use only 012

19971156487 0  
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07-30-97 12:30:40

FPC 1996/04/6869

## CHANGE OF NAME

## APPLICATION FOR AMENDED AUTHORITY

Pursuant to the provisions of the Colorado Business Corporation Act, the undersigned corporation hereby applies for an Amended Authority and states:

FIRST: The name of the corporation is: IMEX Medical Systems, Incorporated *naa?*

SECOND: If the corporate name was not available, the assumed name of the corporation is: \_\_\_\_\_

THIRD: \_\_\_\_\_ (Check if Applicable) The corporate name of the corporation has become available in Colorado and the corporation desires to amend its Authority to reflect the corporate name on the records of the Secretary of State.

\_\_\_\_\_ The corporation has amended the period of duration in its Articles of Incorporation to No Change

x The corporation has changed its name to \_\_\_\_\_

Nicolet Vascular Inc.

The name which it elects to use in Colorado is: \_\_\_\_\_

(If its corporate name is not available for use in Colorado)

\_\_\_\_\_ The corporation has redomesticated from \_\_\_\_\_ to \_\_\_\_\_

FOURTH: This application is accompanied by a Certificate of Fact, duly authenticated by the proper officer in the state or country of incorporation (or redomestication as the case may be) certifying the statement(s) made above.

IMEX Medical Systems, Incorporated

Name of Corporation

Signature Gerald G. Brew

Gerald G. Brew

Title President

(COL. - 1417 - 11/9/95)  
C1 2/2/95

Revised 7/95

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IMEX MEDICAL SYSTEMS,  
INCORPORATED", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "NICOLET VASCULAR INC.", THE TWENTY-SIXTH DAY OF  
SEPTEMBER, A.D. 1997, AT 1:30 O'CLOCK P.M.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

2123907 8320

971324966

AUTHENTICATION

8673102

DATE

09-26-97

STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true and  
complete copy of the document filed in  
this office and admitted to record in  
File 19971156489

DATED 11-5 1997

*Vicki A. Buckley*  
Secretary of State

By *Barbara Sage*

