Of	5-17-1999 <u>et No.: 35124.1000</u>
FORM PTO-1595 (Modified) REC((Rev. 6-9°) OMB No351-0011 (exp. 4/94) Copyright 1994-97 LegalStar	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
$Tab settings \rightarrow \rightarrow \rightarrow \forall \ S - 1 \rightarrow - 1 \qquad 1$	01038834 🛛 🗸 🗸
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.	
1. Name of conveying party(ies): Flexmedics Corporation	2. Name and address of receiving party(ies):
Additional names(s) of conveying party(ies)	Name: Phillips Acquisition Co Internal Address:
Assignment X Merger	Street Address: Seven Long Lake Drive
Security Agreement Change of Name	
□ Other	City: Phillips State: WI ZIP: 54555
Execution Date: 1/14/99	– Additional name(s) & address(es) attached? 🗋 Yes 🛛 No
 4. Application number(s) or registration numbers(s): If this document is being filed together with a new application, the execution date of the application is: 	
A. Patent Application No.(s)	B. Patent No.(s)
08/680,721; 09/075,068	4,926,860; 4,984,581; 4,991,602; 5,067,489
Additional numbers attached?	
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 6
Name: James R. Haller	- 7. Total fee (37 CFR 3.41):\$ 240.00
Internal Address: Fredrikson & Byron, P.A. 1100 International Centre	 Enclosed - Any excess or insufficiency should be credited or debited to deposit account
	Authorized to be charged to deposit account
Street Address: 900 2nd Avenue South 05/17/1999 DHSUYEN 00000007 4926860	8. Deposit account number:
01 FC:581 (40.00 DP)	061910
City: <u>Minneapolis</u> State: <u>MN</u> ZIP: <u>55402</u>	
DO NOT USE THIS SPACE	
9. 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.	
James R. Haller	estobalus 6 May 99
Name of Person Signing Total number of pages including cover s	Signature
PATENT	

REEL: 009942 FRAME: 0264



SECRETARY OF STATE

CERTIFICATE OF MERGER

I, Mary Kiffmeyer, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: the entities listed below have merged under the provisions of Minnesota law and have designated the surviving entity listed below. I further certify that the merger documents were filed on and are effective on the dates listed below. I further certify that the ability of the non-surviving participating entities to do business ceased as of the effective date of the merger.

PARTICIPATING ENTITIES:

MN: Phillips Acquisition Co.

MN: Flexmedics Corporation

SURVIVING ENTITY: Phillips Acquisition Co.

FILING DATE: 01/14/1999

EFFECTIVE DATE: 01/14/1999

This certificate has been issued on April 26, 1999.



Mary Kiffm

RECORDED: 05/10/1999

REEL: 009942 FRAME: 0265
