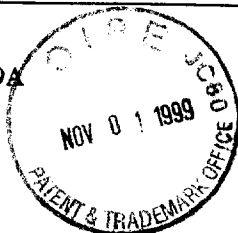


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☐ Mark if additional names of conveying parties attachedName (line 1) Mallinckrodt Medical, Inc.Execution Date
Month Day Year
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Name (line 1) Execution Date
Month Day YearName (line 2)

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Enter for the first Receiving Party only.

Name Jeffrey S. BooneAddress (line 1) Mallinckrodt Inc.Address (line 2) 675 McDonnell Boulevard, P.O. Box 5840Address (line 3) St. Louis, Missouri 63134Address (line 4)

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

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Deposit Account

Enclosed ☐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:

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**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.

Jeffrey S. Boone

Name of Person Signing



Signature

27 October 1999

Date



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 THAT THE SAID "MALLINCKRODT MEDICAL,
INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO
"MALLINCKRODT INC.", THE FIFTEENTH DAY OF JUNE, A.D. 1998, AT 9
O'CLOCK A.M.



Edward J. Freel, Secretary of State

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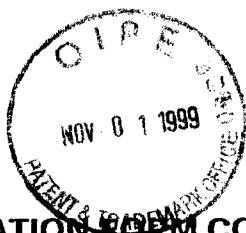
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AUTHENTICATION:

DATE: 07-16-98

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Jeffrey S. Boone

Name of Person Signing



Signature

27 October 1999

Date