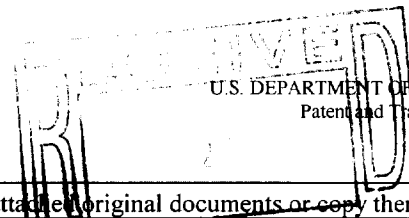


01-31-2000



MRD 12-27-99



101253981

To the Honorable Commissioner of

attach the original documents or copy thereof.

1. Name of conveying party(ies):

Pride Health Care, Inc.

Additional name(s) of conveying party(ies) attached ☐ Yes ☒ No

3. Nature of Conveyance:

- ☐ Assignment ☒ Merger
☐ Security Agreement ☐ Change of Name
☐ Other: _____

Execution Date: January 6, 1999

2. Name and address of receiving party(ies):

Pride Mobility Products, Corporation
182 Susquehanna Avenue
Exeter, PA 18643

Additional name(s) & addresses attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is _____

A. Patent Application No.(s)

08/742,972 09/166,303
09/060,187 09/370,132

B. Patent No.(s)

D 397,645 5,944,131
D 404,693

Additional numbers attached ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Thomas J. Durling, Esq.
Seidel, Gonda, Lavorgna & Monaco, P.C.
1800 Two Penn Center Plaza
Philadelphia, PA 19102

Attorney Docket No. 6993-3CT1

01/28/2000 DCDATES 00000089 191135 08742972

01 FC:581

280.00 CH

DO NOT USE THIS SPACE

6. Total number of applications and patents involved: 7

7. Total fee (37 CFR 3.41) \$ 280.00

- ☐ Enclosed
☒ authorized to be charged to deposit account

8. Deposit Account Number: 19-1135

9. 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.

THOMAS J. DURLING

Name of Person Signing

Signature

Date

Total number of pages including cover sheet, attachments, and document: *

OMB No. 0651-0011 (exp. 4/94)

Do not detach this portion

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

Microfilm Number _____

Filed with the Department of State on

JAN 06 1993

Entity Number

2850220

Secretary of the Commonwealth

ACTING
ARTICLES OF MERGER-DOMESTIC BUSINESS CORPORATION
DSCB 15-1926 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 1926 (relating to articles of merger or consolidation), the undersigned business corporations, desiring to effect a merger, hereby state that:

1. The name of the corporation surviving the merger is: PRIDE MOBILITY PRODUCTS, CORPORATION

2. (Check and complete one of the following):

☒ The surviving corporation is a domestic business corporation and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) <u>182 Susquehanna Avenue</u>	<u>Exeter</u>	<u>PA</u>	<u>18643</u>	<u>Luzerne</u>
Number and Street	City	State	Zip	County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

_____ The surviving corporation is a qualified foreign business corporation incorporated under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) _____	_____	_____	_____	_____
Number and Street	City	State	Zip	County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

_____ The surviving corporation is a nonqualified foreign business corporation incorporated under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

_____	_____	_____	_____
Number and Street	City	State	Zip

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business corporation and qualified foreign business corporation which is a party to the plan of merger are as follows:

Name of Corporation	Address of Registered Office or Name of Commercial Registered Office Provider	County
<u>Pride Health Care, Inc.</u>	<u>182 Susquehanna Avenue Exeter PA 18643</u>	<u>Luzerne</u>
<u>(a Delaware Corporation qualified to do business in Pennsylvania and the Disappearing Corporation in this merger)</u>		

JAN -6 93

PA Dept. of State

4. (Check, and if appropriate complete, one of the following).

☒ The plan of merger shall be effective upon filing these Articles of Merger in the Department of State.

☐ The plan of merger shall be effective on: _____ at _____ Date _____ Hour _____

5. The manner in which the plan of merger was adopted by each domestic corporation is as follows:

Name of Corporation

PRIDE HEALTH CARE, INC.

Manner of Adoption

Unanimous Written Consent of Directors and
Unanimous Written Consent of Stockholders
dated 12/28/98

PRIDE MOBILITY™ PRODUCTS, CORPORATION

Unanimous Written Consent of Directors and
Unanimous Written Consent of Stockholders
dated 12/28/98

6. (Strike out this paragraph if no foreign corporation is a party to the merger). The plan was authorized, adopted or approved, as the case may be, by the foreign business corporation ~~(or each of the foreign business corporations)~~ party to the plan in accordance with the laws of the jurisdiction in which it is incorporated.

7. (Check, and if appropriate complete, one of the following):

☐ The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

☒ Pursuant to 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative Articles of Incorporation of the surviving corporation as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation, the address of which is:

182 Susquehanna Avenue	Exeter	PA	18643	Luzerne
Number and Street	City	State	Zip	County

IN TESTIMONY WHEREOF, the undersigned corporation or each undersigned corporation has caused these Articles of Merger to be signed by a duly authorized officer thereof this 28th day of December, 19 98

PRIDE MOBILITY PRODUCTS, CORPORATION
(Surviving Corporation)

(Name of Corporation)

BY: Scott S. Meuser (Signature)

TITLE: President

PRIDE HEALTH CARE, INC.
(Disappearing Corporation)

(Name of Corporation)

BY: Scott S. Meuser (Signature)

TITLE: President

C O M M O N W E A L T H O F P E N N S Y L V A N I A

D E P A R T M E N T O F S T A T E

JULY 08, 1999

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

PRIDE MOBILITY PRODUCTS CORPORATION

I, Kim Pizzingrilli, Secretary of the Commonwealth of
Pennsylvania do hereby certify that the foregoing and annexed is a true
and correct photocopy of Articles of Merger

which appear of record in this department



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's
Office to be affixed, the day
and year above written.

Kim Pizzingrilli

Secretary of the Commonwealth

CFEN