

4/23/01

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101702456

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

PATENTS ONLY

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

1. Name of conveying party(ies):

The Toronto Hospital

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

2. Name and address of receiving party(ies)

Name: University Health Network

Internal Address: _____

Street Address: 610 University Ave.City: Toronto State: Ontario ZIP: _____

CANADA

M5G 2M9

Additional name(s) & address(es) attached? ☐ Yes ☐ No

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☒ Change of NameExecution Date: February 17, 1999

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)

09/601,644

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☐ No

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

Name: Marina T. Larson, Ph.D.

Internal Address: _____

Oppedahl & Larson LLPStreet Address: P.O. Box 5068City: Dillon State: CO ZIP: 804356. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41).....\$ 40.00☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number: _____

(Attach duplicate copy of this page if paying by deposit account)

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.

Marina T. Larson

Name of Person Signing

Signature

April 20, 2001

Date

Total number of pages including cover sheet, attachments, and document: 3Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231PATENT
REEL: 011747 FRAME: 0537

689146



 Ministry of
Consumer and
Commercial Relations

These Supplementary Letters Patent amend the corporation's Letters Patent or prior Supplementary Letters Patent, as the case may be, dated this

Ministère de
la Consommation
et du Commerce

Les présentes lettres patentes supplémentaires modifient les lettres patentes de la société ou toutes autres lettres patentes supplémentaires précédentes, selon le cas, en date du

AUGUST 16 AOÛT, 1999

**Minister of Consumer
and Commercial Relations**

Le Ministre de la
Consommation et du Commerce

per/pat

Director / Directorat

Form 3
Corporations
Act

Formule 3
Loi sur les
personnes
morales

**APPLICATION FOR SUPPLEMENTARY LETTERS PATENT
REQUETE EN VUE D'OBTENIR DES LETTRES PATENTES SUPPLEMENTAIRES**

1. Name of the applicant corporation / Dénomination sociale de la personne morale requérante :

[illegible]

2. The name of the corporation is changed to (if applicable): La dénomination sociale de la personne morale devient (le cas échéant) :

[illegible]

3. Date of incorporation/amalgamation:
Date de constitution ou de fusion:

29	October	1986
(day/jour	month/mois	year/année)

4. The resolution authorizing this application was confirmed by the shareholders/members of the corporation on
La résolution autorisant la présente requête a été ratifiée par les actionnaires ou membres de la personne morale le :

17 Feb. 1999
(day/mois year/année)

under section 34 Or 131 of the Corporations Act.
aux termes de l'article 34 ou 131 de la Loi sur les personnes morales.

5. The corporation applies for the issue of supplementary letters patent to provide as follows:
La personne morale demande la délivrance de lettres patentes supplémentaires qui prévoient ce qui suit:

5. (cont.)(suite)

RESOLVED that the name of the corporation be changed from The Toronto Hospital to UNIVERSITY HEALTH NETWORK.

The corporation is not insolvent within the meaning of subsection (4) of section 19 of Ont. Reg. 181 of R.R.O. 1990.

This application is executed in duplicate.
La présente requête est faite en double exemplaire.

THE TORONTO HOSPITAL

(Name of corporation/Dénomination sociale de la personne morale)

By/Par.

(Signature)

(Signature)

(Description of Office)

(Fonction)

(Signature)

(Signature)

(Description of Office)

(Fonction)

(corporate seal)
(sceau de la
personne morale)

07108(04/94)

P.005

TEL: 416 340 3537

21-28 00 (THU) 17:42 MED/LEGAL AFFAIRS

RECORDED: 04/23/2001

PATENT
REEL: 011747 FRAME: 0539