



**Correspondent Name and Address**      **Area Code and Telephone Number**

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**Pages**      Enter the total number of pages of the attached conveyance document including any attachments.      #

**Application Number(s) or Patent Number(s)**       Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5390668"/>	<input type="text" value="5337739"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.      

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

**Number of Properties**      Enter the total number of properties involved.      #

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

Method of Payment:      Enclosed       Deposit Account

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:      Yes       No

**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.*

Cynthia R. Smith      *Cynthia R. Smith*      9.27.01

Name of Person Signing      Signature      Date

## ASSIGNMENT

**For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the ASSIGNOR:**

Pulmonary Data Service Instrumentation, Inc., a Colorado corporation, whose address is: 901 Main Street, Louisville, Colorado 80027

**hereby assigns to the ASSIGNEE:**

Pulmonary Data Service, Inc., a Colorado corporation, whose address is: 908 Main Street, Louisville, Colorado 80027

**the full and exclusive right, title and interest**

In and to any and all improvements relating to the disposable bacteria filter disclosed in the invention of Arlin D. Lehman, residing in Louisville, Colorado, found in:

**United States Patent Serial No. 5,390,668 filed on June 22, 1993 and Patent issued on February 21, 1995 entitled "Disposable multitest bacteria filter",**

**United States Patent Serial No. 5,337,739 filed on August 14, 1992 and Patent issued on August 16, 1994 entitled "Disposable bacteria filter"**

the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representative and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment not been made.

**ASSIGNOR** agrees to cooperate fully in enforcing the Patents or similar protections, including communicating any relevant information, signing any lawful and relevant documents and at the request and expense of the **ASSIGNEE**, testifying in any legal proceedings.

Executed this 5th day of October, 2000.

**FERRARIS GROUP, INC.**

By: David R. Malys, President  
David Malys, President

David R. Malys, President  
11-14-00

State of New York )  
County of Erie )

NYDL 203657871

Before me personally appeared DAVID R. MALYS, and acknowledged the foregoing instrument to be his free act and deem this 14th day of November, 2000.

LINDA L. McALPINE  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires 3-11-02

SEAL

Linda L. McAlpine  
(Notary Public)

# CHANGE OF NAME

**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

961069285 C \$25.00  
SECRETARY OF STATE  
05-22-96 09:56

DP901088708

## ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION

Please include a typed  
self-addressed envelope

Pursuant to the provisions of the Colorado Business Corporation Act, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is Pulmonary Data Service Instrumentation, Inc. *1995*

SECOND: The following amendment to the Articles of Incorporation was adopted on May 22  
1996, as prescribed by the Colorado Business Corporation Act, in the manner marked with an X below:

- No shares have been issued or Directors Elected - Action by Incorporators
- No shares have been issued but Directors Elected - Action by Directors
- Such amendment was adopted by the board of directors where shares have been issued.
- Such amendment was adopted by a vote of the shareholders. The number of shares voted for the amendment was sufficient for approval.

The name of the corporation is changed to  
Pulmonary Data Service, Inc.

THIRD: The manner, if not set forth in such amendment, in which any exchange, reclassification, or cancellation of issued shares provided for in the amendment shall be effected, is as follows:

Not Applicable

If these amendments are to have a delayed effective date, please list that date: Not Applicable  
(Not to exceed ninety (90) days from the date of filing)

Pulmonary Data Service Instrumentation, Inc.

COMPUTER UPDATE COMPLETE  
PN

By J. L. McKernan  
Its secretary  
Title

PN