



TO THE ASSISTANT COMMISSIONER F

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al documents or copy thereof.

11-20-01

1. Name of conveying party(ies): (If multiple assignors, list numerically)

PercusSurge, Inc.

11-20-01

Additional name(s) of conveying party(ies) attached?

() Yes (X) No

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

Name: Medtronic PercuSurge, Inc.

Internal Address:

Street Address: 540 Oakmead Parkway

City: Sunnyvale State: CA ZIP: 94085

Additional name(s) of receiving party(ies) attached?

() Yes (X) No

3. Nature of conveyance:

- () Assignment
- () Merger
- () Security Agreement
- (X) Change of Name
- () Other:

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) January 26, 2001

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

() Application(s) filed herewith Execution Date(s):

(X) Patent Application No.: 09/690,588

Filing Date: October 17, 2000

() Patent No.:

Issue Date:

Additional numbers attached? () Yes (X) No

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

Name: David L. Hauser
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

Internal Address: Sixteenth Floor

Street Address: 620 Newport Center Drive

City: Newport Beach State: CA ZIP: 92660

Attorney's Docket No.: PERCUS.053DV1

7. Total fee (37 CFR 1.21(h)): \$40

(X) Enclosed

() Authorized to be charged to deposit account if any additional fees are required, or to credit any overpayment

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and patents involved: 1

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.

David L. Hauser
Name of Person Signing

David L. Hauser
Signature

11/16/01
Date

42,643
Registration No.

Total number of pages including cover sheet, attachments and document: 2

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

11/21/2001 DBYRNE 00000008 09690588
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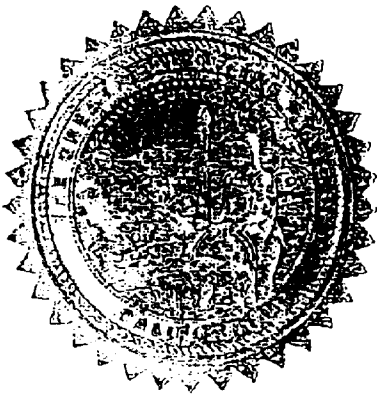
NAME CHANGE CERTIFICATE OF QUALIFICATION

C2205166

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 26th day of January, 2001, there was filed in this office an Amended Statement and Designation by Foreign Corporation whereby the corporate name of PERCUSURGE, INC., a corporation organized and existing under the laws of Delaware, was changed to MEDTRONIC PERCUSURGE, INC. This corporation complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California and as of said date has been and is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of January 29, 2001.



Bill Jones
BILL JONES
Secretary of State