

FORM PTO-1618
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11-26-01

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Conveyance Type

- Assignment
 - License
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 - Security Agreement
 - Change of Name
 - Other
- U.S. Government**
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- Departmental File
 - Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1)	Medtronic Xomed Surgical Products, Inc.	Execution Date Month Day Year	12/29/00
Name (line 2)	<input type="text"/>		
Second Party		Execution Date Month Day Year	
Name (line 1)	<input type="text"/>		
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Receiving Party

Mark if additional names of receiving parties attached

Name (line 1)	Medtronic Xomed, Inc.	<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)	
Name (line 2)	<input type="text"/>		
Address (line 1)	6743 Southpoint Drive, North		
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Address (line 3)	Jacksonville	Florida	32216-0980
	City	State/Country	Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name	<input type="text"/>
Address (line 1)	<input type="text"/>
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11/28/2001 TBIAZ1 00000001 09527256
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Name

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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" value="09/527,256"/>	<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"/>
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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.

Patent Cooperation Treaty (PCT)

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

PCT PCT PCT

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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

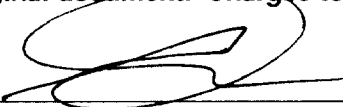
Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)

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.

Robert H. Epstein  11/21/01

Name of Person Signing **Signature** **Date**

State of Delaware
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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES:

"MEROCEL CORPORATION", A DELAWARE CORPORATION,
WITH AND INTO "MEDTRONIC XOMED SURGICAL PRODUCTS, INC."
UNDER THE NAME OF "MEDTRONIC XOMED, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2000, AT 1:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JANUARY, A.D. 2001.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Harriet Smith Windsor
Secretary of State

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AUTHENTICATION: 0892012

DATE: 01-03-01