FORM PTO-1619A \*\*\*--siras 06/30/99 | DEC 1 0 2001

12-13-2001



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Conveying Party(ies)	Mark if additional names of conveying parties attached Execution Date		
Name (line 1) Medtronic Xomed Surgical P	roducts, Inc. Month Day Year 12/29/00		
Name (line 2)  Second Party Name (line 1)  Name (line 2)	Execution Date Month Day Year		
Receiving Party  Name (line 1) Medtronic Xomed, Inc.  Name (line 2)  Address (line 1) 6743 Southpoint Drive, North  Address (line 2)	Mark if additional names of receiving parties attached  If document to be recorn is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attach (Designation must be a separate document from Assignment.)		
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> **PATENT** REEL: 012356 FRAME: 0523

U.S. Department of Commerce Patent and Trademark Office **PATENT** 

	OIPE			
FORM PTC Expires 06/30/99 OMB 0651-0027	DEC 1 0 2007 E Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT		
Correspondent Name and Address  Area Code and Telephone Number 301-424-3640				
Name	Robert H. Epstein			
Address (line 1)	Epstein, Edell, Shapiro, Finnan & Lytle, LLC			
Address (line 2)	1901 Research Boulevard			
Address (line 3)	Suite 400			
Address (line 4)	Rockville, Maryland 20850			
Pages Enter the total number of pages of the attached conveyance document # 5				
Application	including any attachments.  Number(s) or Patent Number(s)			
	e Patent Application Number or the Patent Number (DO NOT ENTER	Mark if additional numbers attached  BOTH numbers for the same property).		
	ent Application Number(s)	Patent Number(s)		
09/487,707				
If this document is being filed together with a <u>new</u> Patent Application, enter the date the patent application was <u>Month Day Year</u> signed by the first named executing inventor.				
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Number of Properties  Enter the total number of properties involved. # 1				
Fee Amount	Fee Amount for Properties Listed (37	CFR 3.41): \$ 40.00		
Method	of Payment: Enclosed Deposit Acc	ount		
Deposit Account  (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: # 05-0460				
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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.	Enstein	12/6/01		
Name	e of Person Signing Signature	Date		

PATENT REEL: 012356 FRAME: 0524



## State of Delaware Office of the Secretary of State

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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.

Secretary of State

AUTHENTICATION: 0892012

DATE: 01-03-01

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**RECORDED: 12/10/2001** 

PATENT REEL: 012356 FRAME: 0525