

VIA FACSIMILE

U.S. DEPARTMENT OF COMMERCE

# **RECORDATION FORM COVER SHEET** **PATENTS ONLY**


Patent and Trademark Office  
Docket No. 297912001011

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

<b>1. Name of conveying party(ies):</b> <b>IMPRA, INC.</b>  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies):</b>  Name: Bard Peripheral Vascular, Inc. Street Address: 1415 W. 3rd Street, Suite 109. (P.O. Box 1740) City and State: Tempe, Arizona Zip Code: 85285  Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3. Nature of conveyance:</b>  <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name (Articles of Amendment) <input type="checkbox"/> Other: _____ Execution Date: <u>May 5, 2003</u>			
<b>4. Application number(s) or patent number(s):</b>  If this document is being filed together with a new application, the execution date of the application is: _____  A. Patent Application No.(s) <b>10/242,160 (filed 09/12/2001)</b> B. Patent No.(s) _____  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b>  Todd W. Wight Morrison & Foerster LLP 555 West Fifth Street Suite 3500 Los Angeles, California 90013-1024		<b>6. Total number of applications and patents involved: 1</b>  <b>7. Total fee (37 C.F.R. § 3.41): \$40.00</b>  <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account, referencing Attorney Docket 297912001011 )  <b>8. Deposit account number: 03-1952</b>	

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. § 1.21 that may be required by this paper, or to credit any overpayment to Deposit Account No. 03-1952.

## **DO NOT USE THIS SPACE**

<b>9. Statement and signature.</b>  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.  Name: David L. Fehrman Registration No: 28,600		 _____ Signature	<u>March 22, 2004</u> _____ Date
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Total number of pages comprising cover sheet, attachments and document: 5

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

Mail Stop Assignment  
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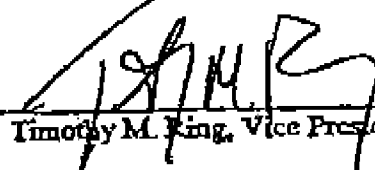
SIXTH: This amendment does not provide for any exchange, reclassification, or cancellation of issued shares.

SEVENTH: This amendment does not effect a change in the amount of stated capital of the Corporation.

DATED: May 5, 2003.


IMPRA, INC., an Arizona corporation

By

  
Timothy M. King, Vice President

ATTEST:

Name  
Title

  
John McDermott  
President

**Exhibit "A"**

**AMENDMENT TO THE ARTICLES OF INCORPORATION  
OF  
IMPRA, INC.**

Article **FIRST** of the Articles of Incorporation of IMPRA, Inc., an Arizona corporation, is hereby amended to read as follows:

**FIRST**: The name of the Corporation is "Bard Peripheral Vascular, Inc."

*OKM.*



STATE OF ARIZONA  
CORPORATION COMMISSION

I hereby certify this to be a true  
and complete copy of the document filed  
in this office and admitted to record in  
File No. 0097534-0;

*Kenneth J. McElroy*  
Executive Secretary

Dated: 2-11-04 By: Ann Bedard