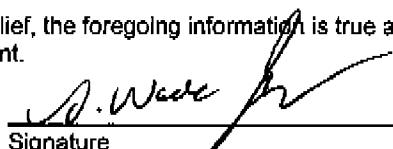


Docket No. 438601-5

FORM PTO 1595 (Rev. 6-93)  OMB No. 0651-0011 (exp. 4/94)	<b>RECORDATION COVER SHEET PATENTS ONLY</b>	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name(s) of conveying party(ies):  <b>Dalg Corporation</b>  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies)  Name: <b>St. Jude Medical, Daig Division, Inc.</b>  Internal Address:  Street Address: <b>14901 DeVeau Place</b>  City: <b>Minnetonka</b> State: <b>MN</b> ZIP: <b>55345-2126</b>  Country: <b>U.S.A.</b>  Additional name(s) & address(es) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance:  <input type="checkbox"/> Assignment <span style="margin-left: 100px;"><input type="checkbox"/> Merger</span> <input type="checkbox"/> Security Agreement <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Change of Name</span> <input type="checkbox"/> Other _____  Execution Date: <b>02/19/2002</b>		
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is:		
A. Patent Application No.(s) <b>08/431,787</b>	B. Patent No.(s) <b>5,846,223 and 5,800,413</b>	
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: <b>S. Wade Johnson</b>  Internal Address: <b>DORSEY &amp; WHITNEY LLP</b>  Street Address: <b>Republic Plaza Building, Suite 4700</b> <b>370 Seventeenth Street</b>  City: <b>Denver</b> State: <b>CO</b> ZIP: <b>80202</b>	6. Total Number of applications and patents involved: <b>3</b>  7. Total fee (37 CFR 3.41) . . . 3 x \$40. . . . . <b>\$120</b> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit Account number: <b>04-1415</b> (Attach duplicate copy of this page if paying by deposit account)	
<b>DO NOT USE THIS SPACE</b>		
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <b>S. Wade Johnson</b> </div> <div style="width: 30%; text-align: center;">             Signature         </div> <div style="width: 30%; text-align: center;"> <b>6-29-05</b>            Date         </div> </div>		
Total number of pages including cover sheet, attachments, and document: <b>2</b>		
Mail documents to be recorded with required cover sheet information to:  <div style="text-align: center;"> <b>Mail Stop Assignment Recordation Services</b>  <b>Director of the US Patent and Trademark Office</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b> </div>		

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 PATENT  
 REEL: 016448 FRAME: 0340

State of Minnesota

# SECRETARY OF STATE

## Certificate of Name Change

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

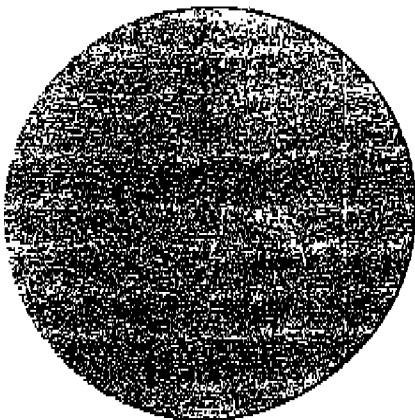
Old Name: Daig Corporation

New Name: St. Jude Medical, Daig Division, Inc.

State of Incorporation: MN

Date Amendment filed: 02/14/2002

This certificate has been issued on 02/19/02.



*Mary Kiffmeyer*  
Secretary of State.