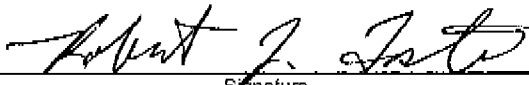


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OMB No. 0651-0027 (exp. 6/30/2005)

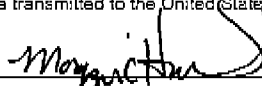
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<p>1. Name of conveying party(ies)/Execution Date(s): Scimed Life Systems, Inc.</p> <p>Execution Date(s): <u>January 1, 2005</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of Conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Boston Scientific Scimed, Inc.</u></p> <p>Internal Address: _____</p> <p>Street Address: _____</p> <p>One Scimed Place</p> <p>City: <u>Maple Grove</u></p> <p>State: <u>Minnesota</u></p> <p>Country: <u>U.S.A.</u> Zip: <u>55311-1566</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application.</p> <p>A. Patent Application No.(s) _____</p> <p>B. Patent No.(s) <u>6,096,051</u></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)</p>
<p>5. Name and address to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Robert J. Tosti</u> <u>EDWARDS & ANGELL, LLP</u></p> <p>Internal Address: <u>Atty. Dkt.: 62867(71589)</u></p> <p>Street Address: <u>P.O. Box 55874</u></p> <p>City: <u>Boston</u></p> <p>State: <u>MA</u> Zip: <u>02205</u></p> <p>Phone Number: <u>(617) 439-4444</u></p> <p>Fax Number: <u>(617) 439-4170</u></p> <p>Email Address: <u>RTosti@EdwardsAngell.com</u></p>	<p>8. Payment Information</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number <u>04-1105</u> Authorized User Name <u>Robert J. Tosti</u></p>
<p>9. Signature:</p> <p style="text-align: center;"></p> <p style="text-align: center;">Signature _____ Date <u>August 31, 2005</u></p> <p style="text-align: center;"><u>Robert J. Tosti-35,393</u> Name of Person Signing</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and documents: 2</p>	

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below.

Dated: August 31, 2005 Signature:  (Maggie C. Hamelin)

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CERTIFICATE OF MERGER

I, Mary Kiffmeyer, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: the entities listed below have merged under the provisions of Minnesota law and have designated the surviving entity listed below. I further certify that the merger documents indicate the name change shown below and were filed on and are effective on the dates listed below.

PARTICIPATING ENTITIES:

MN: SciMed Life Systems, Inc.
MN: Boston Scientific Scimed, Inc.

SURVIVING ENTITY:

MN: SciMed Life Systems, Inc.

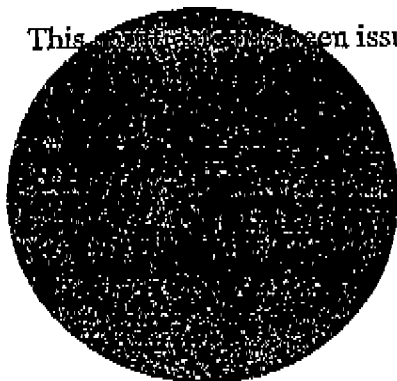
FILING DATE: 12/22/2004

NAME CHANGE: Boston Scientific Scimed, Inc.

NAME CHANGE FILING DATE: 12/22/2004

EFFECTIVE DATE: January 1, 2005 @12:01am

This certificate was issued on: 1/10/2005



Mary Kiffmeyer
Secretary of State.