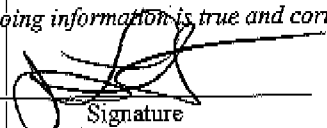


Docket No: 112460-060

Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Corpak LLC		2. Name and address of receiving party(ies): Name: <u>VIASYS Healthcare Inc.</u> Internal Address: _____ _____ _____ Street Address: <u>Millenium III</u> <u>227 Washington Street, Suite 200</u> City: <u>Conshohocken</u> State: <u>PA</u> Zip: <u>19428</u> Country: <u>USA</u> Additional name(s) & address(es) attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Amended and Restated Limited Liability Company Agreement of Corpak LLC</u> Execution Date(s): <u>May 13, 2002</u>			
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. Patent No.(s) 6,482,170			
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: Renato L. Smith Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Fax: 312.827.8185		6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 02-1818 (Attach duplicate copy of this page if paying by deposit account)			
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <u>Renato L. Smith (Reg. No. 45,117)</u>  <u>December 8, 2005</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: 10					

Mail documents to be recorded with required cover sheet information to: Commissioner for Patents, Mail Stop Assignments, P.O. Box 1450, Alexandria, VA 22313-1450

GH \$40.00 021818 6482170

**AMENDED AND RESTATED
LIMITED LIABILITY COMPANY AGREEMENT
OF CORPAK LLC**

THIS LIMITED LIABILITY COMPANY AGREEMENT of CORPAK LLC (the "LLC"), dated as of May 13, 2002, is made by VIASYS Healthcare Inc., as the sole member of the LLC. Additional members of the LLC may be admitted as provided herein. VIASYS Healthcare Inc., together with any such additional members, is hereinafter referred to as a "Member" or "Members."

VIASYS Healthcare Inc., intending to form a limited liability company pursuant to the Delaware Limited Liability Company Act (the "Act"), hereby agrees as follows:

1. Name of LLC. The name of the LLC is CORPAK LLC.

REDACTED

REDACTED

REDACTED

5. Members' Names and Business Addresses. The name and business address of each member is set forth on Schedule A attached hereto.

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

IN WITNESS WHEREOF, the Member has signed and sworn to this Agreement under penalties of perjury as of the date first above written.

MEMBER:

VIASYS HEALTHCARE INC.

By: Wesley N. Riemer

Name: Wesley N. Riemer

Title: Vice President, Corporate Treasurer
and Assistant Secretary

SCHEDULE A
TO
AMENDED AND RESTATED LIMITED LIABILITY COMPANY AGREEMENT
OF
CORPAK LLC

NAME AND ADDRESS OF MEMBER

MEMBERSHIP
INTEREST

VIASYS Healthcare Inc.
227 Washington Street
Suite 200
Conshohocken, Pennsylvania 19428

100%

EXHIBIT A

REDACTED

I-PH/1611543.4