

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| St. Jude Medical, Daig Division, Inc. | 12/21/2005 |
| RECEIVING PARTY DATA | |
| Name: | St. Jude Medical, Atrial Fibrillation Division, Inc. |
| Street Address: | 6900 Wedgwood Road |
| City: | Maple Grove |
| State/Country: | MINNESOTA |
| Postal Code: | 55311-3642 |
| PROPERTY NUMBERS Total: 1 | |
| Property Type | Number |
| Patent Number: | 6960207 |
| CORRESPONDENCE DATA | |
| Fax Number: | (952)351-1777 |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | |
| Phone: | 952-933-4700 |
| Email: | acarlberg@sjm.com |
| Correspondent Name: | Reed R. Heimbecher |
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| Address Line 4: | Minnetonka, MINNESOTA 55345 |
| ATTORNEY DOCKET NUMBER: | 0B-044501US |
| NAME OF SUBMITTER: | Stacey Seidel |
| Total Attachments: 1 source=Cert of Name Change#page1.tif | |

OP \$40.00 6960207

State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF NAME CHANGE

I, Mary Kiffmeyer, Secretary of State of Minnesota, do hereby certify that the corporation listed below filed an amendment, 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: St. Jude Medical, Daig Division, Inc.

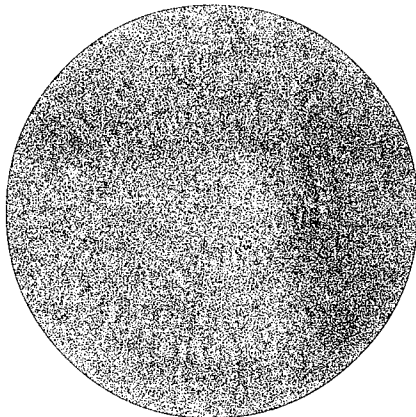
NEW NAME: St. Jude Medical, Atrial Fibrillation Division, Inc.

DATE AMENDMENT FILED: 12/22/2005

CHARTER NUMBER: 2M-1094

CHAPTER GOVERNED BY: 302A

This certificate has been issued on: January 11, 2006.



Mary Kiffmeyer
Secretary of State.