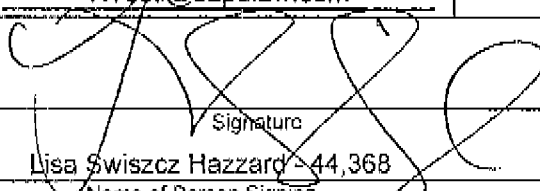


Form PTO-1595 (Rev. 08/05)  
OMB No. 0651-0027 (exp. 6/30/2008)

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## RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<b>1. Name of conveying party(ies):</b> SciMed Life Systems, Inc.  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: <u>Boston Scientific Scimed, Inc.</u> Internal Address: _____ Street Address: _____  <u>One Scimed Place</u>  City: <u>Maple Grove</u> State: <u>Minnesota</u> Country: <u>United States of America</u> Zip: <u>55311</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s): <u><del>12/31/2004</del> January 1, 2005</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	<b>4. Application or patent number(s):</b> <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>10/136,256</u>  B. Patent No.(s)  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>5. Name and address to whom correspondence concerning document should be mailed:</b> Name: <u>Robert J. Tosti</u> <u>EDWARDS ANGELL PALMER &amp; DODGE</u> <u>LLP</u>  Internal Address: <u>Atty. Dkt.: 62855 (71589)</u> Street Address: <u>P.O. Box 55874</u>  City: <u>Boston</u> State: <u>MA</u> Zip: <u>02205</u> Phone Number: <u>(617) 517-5584</u> Fax Number: <u>(617) 439-4170</u> Email Address: <u>RTosti@eapdlaw.com</u>	<b>6. Total number of applications and patents involved:</b> <span style="border: 1px solid black; padding: 2px 10px;">1</span>  <b>7. Total fee (37 CFR 1.21(h) &amp; 3.41)</b> \$ <u>40.00</u> <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)
<b>9. Signature:</b> <div style="text-align: center; margin-top: 20px;">         _____        Signature  <u>Lisa Swiszc Hazzard - 44,368</u>        Name of Person Signing     </div>	<b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>04-1105</u> Authorized User Name <u>Lisa Swiszc Hazzard</u>  <div style="text-align: right; margin-top: 20px;"> <u>May 15, 2006</u>          Date       </div>
Total number of pages including cover sheet, attachments, and documents: <span style="border: 1px solid black; padding: 2px 10px;">2</span>	

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State of Minnesota

**SECRETARY OF STATE**

**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.

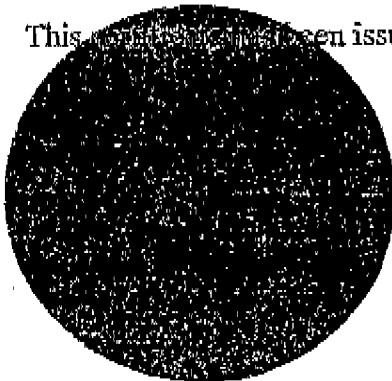
**FILING DATE:** 12/22/2004

**NAME CHANGE:** Boston Scientific Scimed, Inc.

**NAME CHANGE FILING DATE:** 12/22/2004

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

This certificate has been issued on: 1/10/2005



*Mary Kiffmeyer*  
Secretary of State.