Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		CHANGE OF NAME	
CONVEYING PARTY DATA			
	1	lame	Execution Date
St. Jude Medical, Daig D	Division, Inc.		12/21/2005
RECEIVING PARTY DAT	ΓΑ		
Name: St. Jude Medical, Atrial Fibrillation Division, Inc.			
Street Address: 65	6500 Wedgwood Road		
City:	Maple Grove		
State/Country: M	MINNESOTA		
	55311-3642		
Property Type		Number	
Application Number: 10613		/94	
CORRESPONDENCE DATA			
Fax Number:(952)351-1777Correspondence will be sent via US Mail when the fax attempt is unsuccessful.Phone:952-933-4700			
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.			
Phone: 952-933-4700			
Email: acarlberg@sjm.com			
Conceptinent Name. Recard. Heimbednei			
Address Line 1: St. Jude Medical, AF Division, Inc. Address Line 2: 14901 DeVeau Place			
Address Line 2: Address Line 4:			
ATTORNEY DOCKET NUMBER:		0B-044900US	
NAME OF SUBMITTER:		Anne R. Carlberg	
Total Attachments: 1 source=20060111_Cert_of_Name_Change_AF#page1.tif			

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 Kiffer

REEL: 018023 FRAME: 0033

RECORDED: 07/31/2006