Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:		NEW ASSIGNMENT		
NATURE OF CONVEYANCE:		CHANGE OF NAME		
CONVEYING PARTY I	DATA	·		
		Name	Execution Date	
St. Jude Medical, Daig	g Division, Inc.		12/21/2005	
RECEIVING PARTY D	ATA			
Name: St. Jude Medical, Atrial Fibrillation Division, Inc.				
Street Address:	6500 Wedgwood Road			
City:	Maple Grove			
State/Country:	MINNESOTA			
Postal Code:	55311-3642			
Property Type Application Number: 1060		Number 8831		
Application Number: 1066		8831		
CORRESPONDENCE	DATA			
Fax Number:	(952)351-177	7		
		' when the fax attempt is unsuccessful.		
Phone: 952-933-4700				
Email: acarlberg@sjm.com				
Correspondent Name: Reed R. Heimbecher				
Address Line 1:St. Jude Medical, AF Division, Inc.Address Line 2:14901 DeVeau Place				
Address Line 2: 14901 Deveau Place Address Line 4: Minnetonka, MINNESOTA 55345-2126				
ATTORNEY DOCKET NUMBER:		0B-045200US		
NAME OF SUBMITTER:		Anne R. Carlberg	Anne R. Carlberg	
Total Attachments: 1 source=20060111_Cer	t_of_Name_Change	e_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.



RECORDED: 08/08/2006

Mary Kiffs

REEL: 018073 FRAME: 0407