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Our Ref.: 4398-141

| To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof. | |
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| 10 the Director of the U.S. Patent and Trademark Office: Please r | |
| 1. Name of conveying party(ies): | 2. Name and address of receiving party(ies): |
| 1 ResMed Limited | |
| | 1) Name: ResMed Limited |
| $\mathcal{O}_{\mathbf{C}}$ | Street Address: 1 Elizabeth Macarthur Drive |
| | City: Bella Vista |
| Additional name/s of conveying party/ies attached? | State/Country: New South Wales, Australia Zip: 2153 |
| Additional name/s of conveying party/ies attached? | ,, |
| 3. Nature of conveyance: | 2) Name |
| ♦ | Street Address: |
| Security Assignment Change of Name | City: |
| Other Change of Assignee's Address | State: Zip: |
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| Execution Date: December 11, 2006 | Additional name/s & address/ss stacks 19 \(\sigma \text{X} \text{Y} \text{Y} \text{Y} |
| Execution Date: December 11, 2000 | Additional name/s & address/es attached? Yes No |
| 1 Application number(s) or notest number(s). | |
| 4. Application number(s) or patent number(s): This | s assignment is being filed together with a new application. |
| A. Patent Application No(s). | B. Patent No(s). |
| (1) 29/166,190 | (1)D485,905 |
| (2) | (2) |
| (3) | (3) |
| Additional numbers att | |
| 5. Name and address of party to whom correspondence | 6. Total number of applications & patents involved: 1 |
| concerning document should be mailed: | |
| | 7. Total fee (37 CFR 3.41) \$40.00 |
| Name: Paul T. Bowen | |
| | Authorized to be charged to deposit account #14-1140 |
| Internal Address: | |
| | 8. The Commissioner is hereby authorized to charge any |
| Street Address: Nixon & Vanderhye P.C. | deficiency in the fee(s) filed, or asserted to be filed, or which |
| 901 North Glebe Road | should have been filed herewith (or with any paper thereafter |
| 11th Floor | filed in this application by this firm) to our Account No. |
| City: Arlington State: VA Zip: 22203 | 14-1140. |
| 210) 1 211 210 210 210 210 210 210 210 210 2 | 11-11-0, |
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| 9. Statements and signature. | |
| To the best of my knowledge and belief, the foregoing informat | ion is true and correct and any attached conv is a true conv |
| of the original document. | 1 |
| <i>\(\lambda \)</i> | ′ /) / |
| Paul T. Bowen | June 29, 2007 |
| | nature Date |
| Reg. No. 38,009 | Daic Daic |
| | |
| Total number of pages including original cover sheet, attachments, and document: [2] | |
| Documents to be recorded (including cover sheet) should be faved to (571) 273 0140, or mailed to: | |

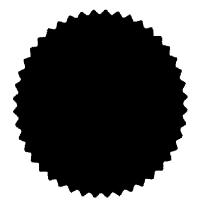
Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

00000062 29166190 07/05/2007 MJAMA1 01 FC:8021

I, <u>WINSTON MAXWELL READFORD</u> of 165 Cox's Road, North Ryde, Notary Public do hereby certify that ResMed Limited, a corporation duly organised and existing under the laws of the Commonwealth of Australia, changed its corporate address from 97 Waterloo Road, North Ryde, NSW 2113, Australia to 1 Elizabeth Macarthur Drive, Bella Vista, NSW 2153 on 25 September 2006.

Dated this \\\\day of December 2006.

Notary Public



RECORDED: 06/29/2007

WINSTON READFORD LLE

NOTARY PUBLIC SOLICITOR TAX AGENT

165 COX'S ROAD, NORTH RYDE NSW 2113 CORNER OF CHAUVEL STREET AND LEVEL 1/219 VICTORIA ROAD

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ABOVE COMMONWEALTH BANK FAX: 9887 3936
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PATENT REEL: 019529 FRAME: 0422