

11-26-07



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Our Ref.: 4398-324

To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): 1 ResMed Limited</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance:  <input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Assignment              <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other                      <u>Change of Assignee's Address</u></p> <p>Execution Date:                      <u>December 11, 2006</u></p>	<p>2. Name and address of receiving party(ies):</p> <p>1) Name: ResMed Limited  Street Address: 1 Elizabeth Macarthur Drive  City: Bella Vista  State/Country: New South Wales, Australia Zip: 2153</p> <p>2) Name  Street Address:  City:  State:    Zip:</p> <p>Additional name/s &amp; address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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4. Application number(s) or patent number(s):  This assignment is being filed together with a new application.

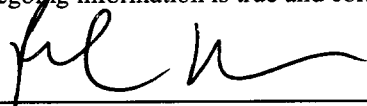
<p>A. Patent Application No(s).  (1) 10/781,929  (2)  (3)</p>	<p>B. Patent No(s).  (1)  (2)  (3)</p>
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Additional numbers attached  Yes  No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Paul T. Bowen</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Nixon &amp; Vanderhye P.C.</u>  <u>901 North Glebe Road</u>  <u>11th Floor</u></p> <p>City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u></p>	<p>6. Total number of applications &amp; patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>40.00</u>  <input checked="" type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any <u>deficiency</u> in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our <b>Account No. 14-1140.</b></p>
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DO NOT USE THIS SPACE

9. Statements and signature.  
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Paul T. Bowen                                            November 20, 2007  
Name of Person Signing                      Signature                      Date

Reg. No. 38,009

Total number of pages including **original** cover sheet, attachments, and document: [2]

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

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CERTIFICATE

I, WINSTON MAXWELL READFORD 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 11<sup>th</sup> day of December 2006.

  
.....  
Notary Public

WINSTON READFORD LL.B.

NOTARY PUBLIC  
SOLICITOR  
TAX AGENT

165 COX'S ROAD, NORTH RYDE NSW 2113  
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