Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:		NEW ASSIGNMENT		
NATURE OF CONVEYANCE:			CHANGE OF NAME	
CONVEYING PARTY DATA				
	Name Execution Date			
Tiara Medical System	s, Inc.			10/16/2007
RECEIVING PARTY DATA				
Name:	Cardinal Health 205, Inc.			
Street Address:	7000 Cardina	al Place		
City:	Dublin			
State/Country:	оню			
Postal Code:	43017	43017		
PROPERTY NUMBERS Total: 1				
Property Ty	/ре		Number	
Application Number:		10898	872	
Application Number: 10898872 CORRESPONDENCE DATA 80				
Fax Number:	(202)86	1-1753		
Correspondence will b			hen the fax attempt is unsuccessful.	
Phone: 202-861-1500				e e e e e e e e e e e e e e e e e e e
Email: patents@bakerlaw.com Correspondent Name: BAKER & HOSTETLER LLP				
Correspondent Name: Address Line 1:				
Address Line 1:				
Address Line 4: WASHINGTON, DISTRICT OF COLUMBIA 20036-5304				
ATTORNEY DOCKET NUMBER:			89068.21661	
NAME OF SUBMITTER:			Stephen S. Fabry	
Total Attachments: 4 source=Recordation#page1.tif source=Recordation#page2.tif source=Recordation#page3.tif source=Recordation#page4.tif				
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Form **PTO-1595** (Rev. 08/05) OMB No. 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office

RECORDATION FORM COVER SHEET Atty Dkt. No. 89068.21661			
PATENT	S ONLY		
	se record the attached documents or the new address(es) below.		
1. Name of conveying party(ies)	2. Name and address of receiving party(ies)		
Tiara Medical Systems, Inc.	Name: <u>Cardinal Health 205, Inc.</u>		
227 Washington Street Conshohocken, Pennsylvania 19428	Internal Address:		
Additional name(s) of conveying party(ies) attached? Yes No 3. Nature of conveyance/Execution Date(s):	Street Address: _7000 Cardinal Place		
Execution Date(s) <u>October 16, 2007</u>			
Assignment [] Merger	City _Dublin		
Security Agreement Change of Name	State: Ohio		
Joint Research Agreement	Country: Zip: _43017		
Government Interest Assignment			
Executive Order 9424, Confirmatory License	Additional names & <u>address(es) attached?</u> 🔲 Yes 🛛 No		
Other	· Q		
4. Application or patent number(s):	locument is being filed together with a new application.		
A. Patent Application No.(s)	B. Patent No.(s)		
10/898,872			
Additional numbers att	ached? 🗌 Yes 🔀 No		
5. Name and address to whom correspondence	6. Total number of applications and patents		
concerning document should be mailed:	involved: <u>1</u>		
Name: BAKER & HOSTETLER LLP	7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u>		
Internal Address:	Authorized to be charged by credit card		
Street Address: <u>Washington Square</u> , Suite 1100	Authorized to be charged to deposit account Enclosed		
1050 Connecticut Avenue, N.W.	None required (government interest not affecting title)		
City: <u>Washington</u> State: <u>District of Columbia</u> Zip: 20036-5304			
Phone Number: (202) 861-1500	8. Payment Information a. Credit Card Last 4 Numbers		
Fax Number: (202) 861-1783	Expiration Date		
Email Address: <u>www.bakerlaw.com</u>	b. Deposit Account Number 50-2036		
	Authorized User Name		
Ginnatura Hall	* Echrany 10,0000		
9. Signature:	* February 13, 2008 Date		
Stephen S. Fabry, Reg. No. 51,661	Total number of pages including cover		
Name of Person Signing	sheet, attachments, and documents: $\underline{4}$		

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, V.A. 22313-1450

> PATENT REEL: 020503 FRAME: 0653

FORM BCA 10.30 (rev. Dec. 2003) ARTICLES OF AMENDMENT Business Corporation Act	$\mathbb{C}($	OPY		
Secretary of State Department of Business Services Springfield, IL 62756		FILED		
217-782-1832 www.cyberdriveillinois.com		JAN 2 5 2008		
Remit payment in the form of a		JESSE WHITE		
check or money order payable to Secretary of State.		SECRETARY OF STAT	E	
	e or Print clearly in black ink			
1. Corporate Name (See Note 1 on page 4.):	VC.		
 Manner of Adoption of Amendment: The following amendment to the Articles of in the manner indicated below: 	Incorporation was adopted on	October 16 Month & Day	2007 Year	
Mark an "X" in one box only.				
By a majority of the incorporators, protors have been elected. (See Note 2 or 100 N	vided no directors were named in th n page 4.)	ne Articles of Incorporation	n and no direc-	
as of the time of adoption of this amen	By a majority of the board of directors, in accordance with Section 10.10, the Corporation having issued no shares as of the time of adoption of this amendment. (See Note 2 on page 4.)			
By a majority of the board of directors. er action not being required for the add	By a majority of the board of directors, in accordance with Section 10.15, shares having been issued but sharehold- er action not being required for the adoption of the amendment. (See Note 3 on page 4.)			
and submitted to the shareholders. At a	By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. At a meeting of shareholders, not less than the minimum number of votes required by statute and by the Articles of Incorporation were voted in favor of the amendment. (See Note 4 on page 4.)			
By the shareholders, in accordance with Sections 10.20 and 7.10, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by shareholders having not less than the minimum number of votes required by statute and by the Articles of Incorporation. Shareholders who have not consented in writing have been given notice in accordance with Section 7.10. (See Notes 4 and 5 on page 4.)				
By the shareholders, in accordance with Section 10.20, a resolution of the board of directors having been duly adopted and submitted to the shareholders. A consent in writing has been signed by all the shareholders entitled to vote on this amendment. (See Note 5 on page 4.)				
 Text of Amendment: a. When amendment effects a name chan ments. 		below. Use page 2 for all	other amend-	
Article I: Name of the Corporation:	ARDINAL HEALTH 205, INC. New Nan	10		
(All char	nges other than name include on	page 2.)		

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Page 1

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PATENT REEL: 020503 FRAME: 0654

Text of Amendment

b. If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. For more space, attach additional sheets of this size.

Page 2

PATENT REEL: 020503 FRAME: 0655

- 4. The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for or effected by this amendment, is as follows (If not applicable, insert "No change"):
- a. The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital is as follows (if not applicable, insert "No change");
 (Baid in capital particular of the formula o

(Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)

 b. The amount of paid-in capital as changed by this amendment is as follows (if not applicable, insert "No change"); (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.) (See Note 6 on page 4.)

	Before Amendment	After Amendment
Paid-in Capital:	\$	\$

Complete either Item 6 or Item 7 below. All signatures must be in BLACK INK.

6. The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated	OCTOBER 16	07	TIARA MEDICAL SYSTEMS, INC.		
Dollar.	Month & Day	Year	Exact Name of Corporation		
	Any Authorized Officer's Signature DRGE M. GOMEZ, SR. VICE PRESIDENT AND TREASURER				
	Name and Title (type or print)				

7. If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.

OR

If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, a majority of the directors, or such directors as may be designated by the board, must sign below, and type or print name and title.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.

Dated	Month & Day	Year	
~~~~			······································

Page 3

PATENT REEL: 020503 FRAME: 0656

**RECORDED: 02/13/2008**