

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
HemCon, Inc.	07/27/2006
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	HemCon Medical Technologies, Inc.
<b>Street Address:</b>	10575 SW Cascade Avenue, Suite 130
<b>City:</b>	Portland
<b>State/Country:</b>	OREGON
<b>Postal Code:</b>	97223
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	12002401
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(262)783-1300
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	2627831300
<b>Email:</b>	jdunaway@rkmiplaw.com
<b>Correspondent Name:</b>	Ryan Kromholz & Manion, S.C.
<b>Address Line 1:</b>	PO Box 26618
<b>Address Line 4:</b>	Milwaukee, WISCONSIN 53226-0618
<b>ATTORNEY DOCKET NUMBER:</b>	9604.18681-DIV
<b>NAME OF SUBMITTER:</b>	Daniel D. Ryan
<b>Total Attachments: 3</b> source=ASSIGNMENT 18681-DIV#page1.tif source=ASSIGNMENT 18681-DIV#page2.tif source=ASSIGNMENT 18681-DIV#page3.tif	

OP \$40.00 12002401

### RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies)**  
HemCon, Inc.

Additional name(s) of conveying party(ies) attached?  Yes  No

**2. Name and address of receiving party(ies)**  
Name: HemCon Medical Technologies, Inc.  
Internal Address: \_\_\_\_\_

**3. Nature of conveyance/Execution Date(s):**  
Execution Date(s) 7/27/2006

Assignment  Merger  
 Security Agreement  Change of Name  
 Joint Research Agreement  
 Government Interest Assignment  
 Executive Order 9424, Confirmatory License  
 Other \_\_\_\_\_

Street Address: 10575 SW Cascade Avenue, Suite 130  
 \_\_\_\_\_  
 City: Portland  
 State: Oregon  
 Country: US Zip: 97223

Additional name(s) & address(es) attached?  Yes  No

**4. Application or patent number(s):**  This document is being filed together with a new application.  
 A. Patent Application No.(s)  
12/002,401

B. Patent No.(s)  
 \_\_\_\_\_

Additional numbers attached?  Yes  No

**5. Name and address to whom correspondence concerning document should be mailed:**  
 Name: Daniel D. Ryan  
 Internal Address: RYAN KROMHOLZ & MANION, S.C.  
 \_\_\_\_\_  
 Street Address: P.O. Box 26618  
 \_\_\_\_\_  
 City: MILWAUKEE  
 State: WI Zip: 53226  
 Phone Number: 262 783 1300  
 Fax Number: 262 783 1211  
 Email Address: N/A

**6. Total number of applications and patents involved:** One (1)

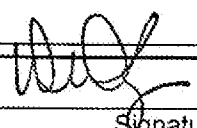
**7. Total fee (37 CFR 1.21(h) & 3.41)** \$ 40.00

Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed  
 None required (government interest not affecting title)

**8. Payment Information**

a. Credit Card Last 4 Numbers 9999  
 Expiration Date 1/2011

b. Deposit Account Number 06-2360  
 Authorized User Name DANIEL D. RYAN

**9. Signature:**   
 \_\_\_\_\_  
 Signature

Daniel D. Ryan  
 Name of Person Signing

4/22/2008  
 Date

Total number of pages including cover sheet, attachments, and documents: 3

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

11/85 (55.00)



Phone: (503) 986-2200  
Fax: (503) 378-4381

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

Articles of Amendment—Business/Professional/Nonprofit

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION  
(Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION  
(Complete only 1, 2, 3, 5, 6, 7)

FILED

AUG 14 2006

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 024545-93

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) NAME OF CORPORATION PRIOR TO AMENDMENT: HemCon, Inc.

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)

Article I is amended to read: "Article I: The name of this corporation (the "Corporation") is HemCon Medical Technologies, Inc."

3) THE AMENDMENT WAS ADOPTED ON: July 27, 2006

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common, Series A	5,128,655	5,128,655	4,845,704	0

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) EXECUTION:

Signature

Printed Name

Title

John W. Morgan

President and CEO

8/14/06

7) CONTACT NAME (To resolve questions with this filing.)

Erich W. Merrill, Jr.

DAYTIME PHONE NUMBER (include area code.)

(503) 224-5858

FEES

Required Processing Fee \$50  
 No Fee for Nonprofit Type Change Only  
 Confirmation Copy (Optional) \$5  
 Processing Fees are nonrefundable.  
 Please make check payable to "Corporation Division."  
 NOTE:  
 Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone:(503)986-2200  
Fax:(503)378-4381  
www.filinginoregon.com

Registry Number: 024545-93  
Type: DOMESTIC BUSINESS CORPORATION

Next Renewal Date: 06/08/2007

MN SERVICE CORPORATION (OREGON)  
111 SW FIFTH AVE #3400  
PORTLAND OR 97204

RECEIVED

AUG 16 2006

MILLER NASH LLP

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

#### Document

ARTICLES OF AMENDMENT

Filed On  
08/14/2006

Jurisdiction  
OREGON

#### Name

HEMCON MEDICAL TECHNOLOGIES, INC.

#### Principal Place of Business

10575 SW CASCADE AVE STE 130  
TIGARD OR 97223

#### Registered Agent

MN SERVICE CORPORATION (OREGON)  
111 SW FIFTH AVE #3400  
PORTLAND OR 97204

#### President

JOHN W MORGAN  
10575 SW CASCADE AVE STE 130  
TIGARD OR 97223

#### Secretary

ERICH W MERRILL JR  
C/O MILLER NASH LLP  
111 SW FIFTH AVE #3400  
PORTLAND OR 97204

HEADAV  
ACK  
08/14/2006

RECORDED: 04/22/2008

PATENT  
REEL: 020838 FRAME: 0996