

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	03/12/2007

CONVEYING PARTY DATA

Name	Execution Date
Pilling Weck Incorporated	03/17/2007

RECEIVING PARTY DATA

Name:	Teleflex Medical Incorporated
Street Address:	155 South Limerick Road
City:	Limerick
State/Country:	PENNSYLVANIA
Postal Code:	19468

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	11274912

CORRESPONDENCE DATA

Fax Number: (202)861-1783
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 202-861-1500
 Email: patents@bakerlaw.com
 Correspondent Name: BAKER & HOSTETLER LLP
 Address Line 1: WASHINGTON SQUARE, SUITE 1100
 Address Line 2: 1050 CONNECTICUT AVE. N.W.
 Address Line 4: WASHINGTON, DISTRICT OF COLUMBIA 20036-5304

ATTORNEY DOCKET NUMBER:	59587.21781
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NAME OF SUBMITTER:	Erdal R. Dervis
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Total Attachments: 5
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RECORDATION FORM COVER SHEET

Atty. Dkt. No. 59587.21781

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)

Pilling Weck Incorporated

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

2. Name and address of receiving party(ies)

Name: Teleflex Medical Incorporated

Internal Address: _____

Street Address: 155 South Limerick Road

City: Limerick

State: PA

Country: _____ Zip: 19468

Additional names & address(es) attached? Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) March 12, 2007

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

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

11/274,912

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:

Name: BAKER & HOSTETLER LLP

Internal Address: _____

Street Address: Washington Square, Suite 1100

1050 Connecticut Avenue, N.W.

City: Washington

State: District of Columbia Zip: 20036-5304

Phone Number: (202) 861-1500

Fax Number: (202) 861-1783

Email Address: www.patents@bakerlaw.com

6. Total number of applications and patents involved: 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)

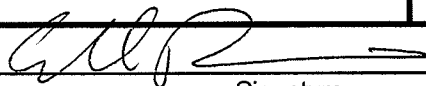
8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-2036

Authorized User Name _____

9. Signature: _____



Signature

May 20, 2008

Date

Erdal Dervis, Reg. No. 51,612

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 5

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

TELEFLEX MEDICAL INCORPORATED

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3712639

CORPORATION SERVICE COMPANY
2704 Commerce Dr Ste B
Harrisburg, PA 17110

PATENT
REEL: 020971 FRAME: 0046

**PENNSYLVANIA DEPARTMENT OF STATE
 CORPORATION BUREAU**

**Articles/Certificate of Merger
 (15 Pa.C.S.)**

- Domestic Business Corporation (§ 1926)
- Domestic Nonprofit Corporation (§ 5926)
- Limited Partnership (§ 8547)

Name	Corporation Service Company
Address	
City	

W

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
 ARTICLES OF MERGER-BUSINESS 4 Page(s)

Fee: \$150 plus \$40 additional for each Party in additional to two



In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
TELEFLEX MEDICAL INCORPORATED

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o				

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of California and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o Corporation Service Company				Dauphin

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip
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PA DEPT OF STATE
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3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Pilling Weck Incorporated		c/o Corporation Service Company	Dauphin

4. Check, and if appropriate complete, one of the following:

The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

The plan of merger shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
Pilling Weck Incorporated	Adopted by the directors and shareholders pursuant to 15 Pa.C.S. Section 1924(a)

6. *Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.*
 The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. Check, and if appropriate complete, one of the following:

The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is.

155 South Limerick Road	Limerick	PA	19468	Montgomery
Number and street	City	State	Zip	County

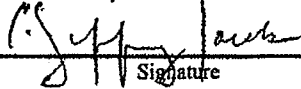
IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

12th day of March

2007

PILLING WECK INCORPORATED

Name of Corporation/Limited Partnership


Signature

C. Jeffrey Jacobs, Vice President

Title

TELEFLEX MEDICAL INCORPORATED

Name of Corporation/Limited Partnership


Signature

C. Jeffrey Jacobs, Vice President

Title