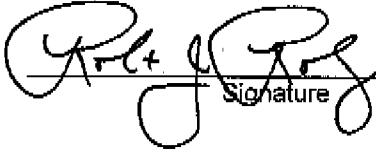


Client Code: SURV.040A/SURV.041A **RECORDATION FORM COVER SHEET**
PATENTS ONLY

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

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>SURVIVAIR RESPIRATORS, LLC.</p> <p>Additional name(s) of conveying party(ies) attached?</p> <p>() Yes (X) No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: Sperian Respiratory Protection USA, LLC</p> <p>Internal Address:</p> <p>Street Address: 3001 S. Susan Street</p> <p>City: Santa Ana State: CA</p> <p>ZIP: 92704</p> <p>Additional name(s) of receiving party(ies) attached?</p> <p>() Yes (X) No</p>
<p>3. Nature of conveyance:</p> <p>() Assignment () Security Agreement</p> <p>() Merger (X) Change of Name</p> <p>() Other:</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>December 3, 2007</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p>(X) Patent No.: 6,099,293 Issue Date: August 8, 2000</p> <p>(X) Patent No.: 6,091,331 Issue Date: July 18, 2000</p> <p>Additional numbers attached?</p> <p>() Yes (X) No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995</p> <p>Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614</p> <p>Return Fax: (949) 760-9502</p> <p>Attorney's Docket No.: SURV.040A/SURV.041A</p>	<p>6. Total number of applications and patents involved:</p> <p>2</p>
<p>7. Total fee (37 CFR 1.21(h)): \$80</p> <p>(X) Authorized to be charged to deposit account</p>	<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>
<p>9. Statement and signature.</p> <p>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.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> <p><u>Robert J. Roby</u> Name of Person Signing</p> <p>44,304 Registration No.</p> </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: center;"> <p><u>6-11-2008</u> Date</p> </div> </div> <p>Total number of pages including cover sheet, attachments and document: 3</p>	

Documents transmitted via Facsimile to be recorded with required cover sheet information to:

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SURVIVAIR RESPIRATORS, LLC", CHANGING ITS NAME FROM "SURVIVAIR RESPIRATORS, LLC" TO "SPERIAN RESPIRATORY PROTECTION USA, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2007, AT 11:57 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE FIRST DAY OF JANUARY, A.D. 2008.



2743367 8100

071328755

You may verify this certificate online
at corp.delaware.gov/authver.shtml

A handwritten signature in cursive script that reads "Harriet Smith Windsor".

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6247207

DATE: 12-18-07

PATENT
REEL: 021076 FRAME: 0985

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:09 PM 12/17/2007
FILED 11:57 AM 12/17/2007
SRV 071328755 - 2743367 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: SURVIVAIR RESPIRATORS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows: 1. Name. The name of the Company is:
Specian Respiratory Protection USA, LLC
3. That the effective date of the Certificate of Amendment of the
Certificate of Formation of the limited liability company
shall be January 1, 2008.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 3rd day of December, A.D. 2007.

By: Winfield W. Major
Authorized Person(s)

Name: Winfield W. Major, Secretary

Print or Type