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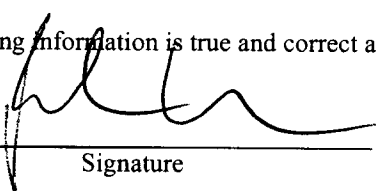


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Our Ref.: PTB-4398-18

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| To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof. | |
| 1. Name of conveying party(ies): 1 ResMed Limited Additional name/s of conveying party/ies attached? <input type="checkbox"/> 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> Execution Date: <u>December 11, 2006</u> | 2. Name and address of receiving party(ies): 1) Name: ResMed Limited Street Address: 1 Elizabeth Macarthur Drive City: Bella Vista State/Country: New South Wales, Australia Zip: 2153 2) Name Street Address: City: State: Zip: Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Application number(s) or patent number(s): <input type="checkbox"/> This assignment is being filed together with a new application. A. Patent Application No(s). (1) (2) (3) B. Patent No(s). (1) 6,302,105 (2) (3) Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6. Total number of applications & patents involved: <u>1</u> 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 8. The Commissioner is hereby authorized to charge any deficiency 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 Account No. 14-1140. |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Paul T. Bowen</u> Internal Address: _____ Street Address: <u>Nixon & Vanderhye P.C.</u> <u>901 North Glebe Road</u> <u>11th Floor</u> City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u> | |
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| 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. <u>Paul T. Bowen</u> Name of Person Signing Reg. No. 38,009  Signature <u>September 24, 2008</u> Date Total number of pages including original cover sheet, attachments, and document: [2] | |

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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 11th day of December 2006.

.....
Notary Public

WINSTON READFORD LL.B.

NOTARY PUBLIC
SOLICITOR
TAX AGENT

165 COX'S ROAD, NORTH RYDE NSW 2113
CORNER OF CHAUVEL STREET AND
LEVEL 1/219 VICTORIA ROAD
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