

Form PTO-1595 (Rev. 12-08)
OMB No. 0651-0027 (exp. 01/31/2009)

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

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)

Patient Safety Transport Systems GP, LLC

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

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

Execution Date(s) January 7, 2008

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

2. Name and address of receiving party(ies)

Name: Patient Safety Transport Systems, LLC

Internal Address: _____

Street Address: 2711 Centerville Road

Suite 400

City: Wilmington

State: Delaware

Country: USA Zip: 19808

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)

B. Patent No.(s)

7,290,302

Additional numbers attached? ☐ Yes ☐ No

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

Name: Montgomery, McCracken, Walker & Rhoads, LLP

Internal Address: Robert R. Axenfeld

Street Address: 123 South Broad Street

City: Philadelphia

State: Pennsylvania Zip: 19109

Phone Number: (215) 772-7691

Fax Number: (215) 772-7620

Email Address: raxenfeld@mmwr.com

6. Total number of applications and patents involved: One

7. Total fee (37 CFR 1.21(h) & 3.41) \$40

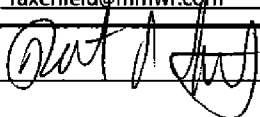
- ☒ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

Deposit Account Number 50-4764

Authorized User Name Robert R. Axenfeld

9. Signature:



Signature

1/14/2008
Date

Robert R. Axenfeld

Name of Person Signing

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

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

700396338

PATENT
REEL: 022109 FRAME: 0380

CH \$40.00 504764 7290302

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "PATIENT SAFETY TRANSPORT SYSTEMS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-SECOND DAY OF APRIL, A.D. 2005, AT 3:46 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PATIENT SAFETY TRANSPORT SYSTEMS GP, LLC" TO "PATIENT SAFETY TRANSPORT SYSTEMS, LLC", FILED THE EIGHTH DAY OF JANUARY, A.D. 2008, AT 11:24 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "PATIENT SAFETY TRANSPORT SYSTEMS, LLC".

3959465 8100H

080811394

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



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6747417

DATE: 07-23-08

PATENT
REEL: 022109 FRAME: 0381

APR. 26. 2005 1:05PM

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NO. 4919 P. 2

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is Patient Safety Transport Systems GP, LLC
- **Second:** The address of its registered office in the State of Delaware is 2711
Centerville Road, Suite 400 in the City of Wilmington. The
name of its Registered agent at such address is _____
Corporation Service Company.
- **Third:** (Use this paragraph only if the company is to have a specific effective date of
dissolution: "The latest date on which the limited liability company is to dissolve is
_____.")
- **Fourth:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
19th day of April, 20 2005.

By: 
Authorized Person(s)

Name: Lewis Sharps
Typed or Printed

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:00 PM 04/22/2005
FILED 03:46 PM 04/22/2005
SRV 050327997 - 3959465 FILE

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:26 AM 01/08/2008
FILED 11:24 AM 01/08/2008
SRV 080020127 - 3959465 FILE

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF

PATIENT SAFETY TRANSPORT SYSTEMS GP, LLC

FIRST: The name of the limited liability company is PATIENT SAFETY TRANSPORT SYSTEMS GP, LLC.

SECOND: The Certificate of Formation is amended by changing paragraph "FIRST" to read in full as follows:

FIRST: The name of the limited liability company is: Patient Safety Transport Systems, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation 7th day of January, 2008.



Name: Lewis S. Sharps
Title: Manager

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