



02-05-2009

RET

Our Ref.: 4398-320

103546885

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

<p>1. Name of conveying party(ies): 1 ResMed Limited</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>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></p> <p>Execution Date: <u>December 11, 2006</u></p>	<p>2. Name and address of receiving party(ies):</p> <p>1) Name: ResMed Limited Street Address: 1 Elizabeth Macarthur Drive City: Bella Vista State/Country: New South Wales, Australia Zip: 2153</p> <p>2) Name Street Address: City: State: Zip:</p> <p>Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

<p>4. Application number(s) or patent number(s): <input type="checkbox"/> This assignment is being filed together with a new application.</p> <p>A. Patent Application No(s). (1) 10/785,193 (2) (3)</p> <p>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>B. Patent No(s). (1) 7,040,317 (2) (3)</p>
---	---

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Paul T. Bowen</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Nixon & Vanderhye P.C.</u> <u>901 North Glebe Road</u> <u>11th Floor</u></p> <p>City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u></p>	<p>6. Total number of applications & patents involved: <u>1</u></p> <p>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</p> <p>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.</p>
---	---

DO NOT USE THIS SPACE

<p>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.</p> <p><u>Paul T. Bowen</u> Name of Person Signing Reg. No. 38,009</p> <p><u>[Signature]</u> Signature</p> <p><u>February 2, 2009</u> Date</p> <p>Total number of pages including original cover sheet, attachments, and document: [2]</p>

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, VA 22313-1450

02/03/2009 140002 00000026 10785193
01 10:0021 40.00 DP

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
GLADESVILLE NSW 2112
ABOVE COMMONWEALTH BANK
EMAIL winston.readford@mypostbox.com.au
TEL: 9887 2888
FAX: 9887 3936

-212420-WR