

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                       |                |
|-----------------------|----------------|
| SUBMISSION TYPE:      | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | MERGER         |
| EFFECTIVE DATE:       | 12/24/2008     |

**CONVEYING PARTY DATA**

| Name                        | Execution Date |
|-----------------------------|----------------|
| Accelerated Innovation, LLC | 12/24/2008     |

**RECEIVING PARTY DATA**

|                   |                    |
|-------------------|--------------------|
| Name:             | Cardo Medical, LLC |
| Street Address:   | 8899 Beverly Blvd. |
| Internal Address: | Suite 619          |
| City:             | Los Angeles        |
| State/Country:    | CALIFORNIA         |
| Postal Code:      | 90048              |

**PROPERTY NUMBERS Total: 9**

| Property Type       | Number   |
|---------------------|----------|
| Patent Number:      | 7556639  |
| Patent Number:      | 7753957  |
| Patent Number:      | 7594924  |
| Patent Number:      | 7727260  |
| Application Number: | 11186699 |
| Application Number: | 11443425 |
| Application Number: | 11488817 |
| Application Number: | 12397935 |
| Application Number: | 11360708 |

**CORRESPONDENCE DATA**

Fax Number: (732)634-7866  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 732-634-7634

OP \$360.00 7556639

**501488398**

**PATENT**  
**REEL: 026061 FRAME: 0450**

Email: mdermier@gdiplaw.com  
Correspondent Name: Matthew B. Dernier  
Address Line 1: Gibson & Dernier LLP, 900 Rt 9 North  
Address Line 2: Suite 504  
Address Line 4: Woodbridge, NEW JERSEY 07095

ATTORNEY DOCKET NUMBER:

622-01

NAME OF SUBMITTER:

Matthew B. Dernier

Total Attachments: 2

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**State of California**  
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 03 2009

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN  
Secretary of State



**State of California  
Secretary of State**

OBE MERG

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

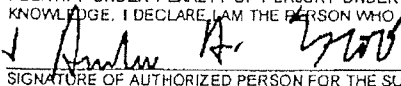
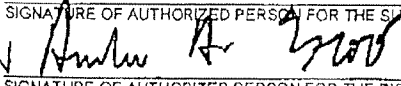
DEC 24 2008

**CERTIFICATE OF MERGER**

(California Corporations Code sections  
1113(g), 6019.1, 8019.1, 9640, 12540.1, 15678.4, 15911.14, 16915(b) and 17552)

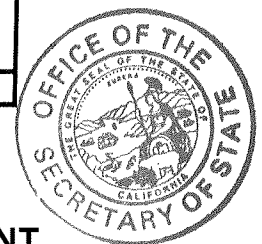
**IMPORTANT — Read all instructions before completing this form.**

This Space For Filing Use Only

| 1. NAME OF SURVIVING ENTITY<br>CARDO MEDICAL, LLC  | 2. TYPE OF ENTITY<br>LLC | 3. CA SECRETARY OF STATE FILE NUMBER<br>200710010139                             | 4. JURISDICTION<br>CALIFORNIA |                          |                |  |      |  |  |                  |     |                          |                |  |      |
|--|--------------------------|--|-------------------------------|--------------------------|----------------|--|------|--|--|------------------|-----|--------------------------|----------------|--|------|
| 5. NAME OF DISAPPEARING ENTITY<br>ACCELERATED INNOVATION, LLC  | 6. TYPE OF ENTITY<br>LLC | 7. CA SECRETARY OF STATE FILE NUMBER<br>NONE                                     | 8. JURISDICTION<br>DELAWARE   |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 9. THE PRINCIPAL TERMS OF THE AGREEMENT OF MERGER WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, SPECIFY THE CLASS AND THE NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE ON THE MERGER AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS. ATTACH ADDITIONAL PAGES, IF NECESSARY. |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| <p><u>SURVIVING ENTITY</u></p> <table border="1"> <thead> <tr> <th>CLASS AND NUMBER</th> <th>AND</th> <th>PERCENTAGE VOTE REQUIRED</th> </tr> </thead> <tbody> <tr> <td>ONE LLC MEMBER</td> <td></td> <td>100%</td> </tr> </tbody> </table>  |                          | CLASS AND NUMBER   | AND                           | PERCENTAGE VOTE REQUIRED | ONE LLC MEMBER |  | 100% | <p><u>DISAPPEARING ENTITY</u></p> <table border="1"> <thead> <tr> <th>CLASS AND NUMBER</th> <th>AND</th> <th>PERCENTAGE VOTE REQUIRED</th> </tr> </thead> <tbody> <tr> <td>ONE LLC MEMBER</td> <td></td> <td>100%</td> </tr> </tbody> </table> |  | CLASS AND NUMBER | AND | PERCENTAGE VOTE REQUIRED | ONE LLC MEMBER |  | 100% |
| CLASS AND NUMBER   | AND                      | PERCENTAGE VOTE REQUIRED   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| ONE LLC MEMBER   |                          | 100%   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| CLASS AND NUMBER   | AND                      | PERCENTAGE VOTE REQUIRED   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| ONE LLC MEMBER   |                          | 100%   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 10. IF EQUITY SECURITIES OF A PARENT PARTY ARE TO BE ISSUED IN THE MERGER, CHECK THE APPLICABLE STATEMENT.   |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| <input type="checkbox"/> No vote of the shareholders of the parent party was required. <input type="checkbox"/> The required vote of the shareholders of the parent party was obtained.  |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 11. IF THE SURVIVING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, PROVIDE THE REQUISITE CHANGES (IF ANY) TO THE INFORMATION SET FORTH IN THE SURVIVING ENTITY'S ARTICLES OF ORGANIZATION, CERTIFICATE OF LIMITED PARTNERSHIP OR STATEMENT OF PARTNERSHIP AUTHORITY RESULTING FROM THE MERGER. ATTACH ADDITIONAL PAGES, IF NECESSARY.                   |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| NO CHANGES   |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 12. IF A DISAPPEARING ENTITY IS A DOMESTIC LIMITED LIABILITY COMPANY, LIMITED PARTNERSHIP, OR PARTNERSHIP, AND THE SURVIVING ENTITY IS NOT A DOMESTIC ENTITY OF THE SAME TYPE, ENTER THE PRINCIPAL ADDRESS OF THE SURVIVING ENTITY.  |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| PRINCIPAL ADDRESS OF SURVIVING ENTITY  |                          | CITY AND STATE   | ZIP CODE                      |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 13. OTHER INFORMATION REQUIRED TO BE STATED IN THE CERTIFICATE OF MERGER BY THE LAWS UNDER WHICH EACH CONSTITUENT OTHER BUSINESS ENTITY IS ORGANIZED. ATTACH ADDITIONAL PAGES, IF NECESSARY.   |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 14. STATUTORY OR OTHER BASIS UNDER WHICH A FOREIGN OTHER BUSINESS ENTITY IS AUTHORIZED TO EFFECT THE MERGER.   |                          | 15. FUTURE EFFECTIVE DATE, IF ANY  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| SECTION 18-209 OF THE DELAWARE LIMITED LIABILITY COMPANY ACT.  |                          | (Month) (Day) (Year)   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 16. ADDITIONAL INFORMATION SET FORTH ON ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE PART OF THIS CERTIFICATE.  |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| 17. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.   |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| <br>SIGNATURE OF AUTHORIZED PERSON FOR THE SURVIVING ENTITY  |                          | 12/24/2008<br>DATE   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
|  |                          | ANDREW A. BROOKS, M.D., CEO<br>TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| <br>SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY   |                          | 12/24/2008<br>DATE   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
|  |                          | ANDREW A. BROOKS, M.D., CEO<br>TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| SIGNATURE OF AUTHORIZED PERSON FOR THE DISAPPEARING ENTITY   |                          | DATE   |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
|  |                          | TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON                                |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |
| For an entity that is a business trust, real estate investment trust or an unincorporated association, set forth the provision of law or other basis for the authority of the person signing: _____  |                          |  |                               |                          |                |  |      |  |  |                  |     |                          |                |  |      |

OBE MERGER-1 (REV 01/2008)

APPROVED BY SECRETARY OF STATE



RECORDED: 04/01/2011

PATENT  
REEL: 026061 FRAME: 0453