PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

| Fax Number: (610)407-0701 Phone: 601-407-0700 Email: kspina@ratnerprestia.com Correspondence will be sent to the e-mail address first: if that is unsuccessful, it will be sent | SUBMISSION TYPE: | | NEW ASSIGNMENT | | | | |
|--|--|-------------------------------|----------------|---------------------------------------|------------|---------|--|
| Name Execution Date Aesculap Implant Systems, Inc. 10/01/2009 RECEIVING PARTY DATA 10/01/2009 Name: Aesculap Implant Systems, LLC Street Address: 3773 Corporate Parkway City: Center Valley State/Country: PENNSYLVANIA Postal Code: 18034 PROPERTY NUMBERS Total: 1 1 CORRESPONDENCE DATA 12019760 CORRESPONDENCE DATA 12019760 Email: kspina@cinterprestia.com Correspondence will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccessful, if will be sent will be sent to the e-mail address first, if that is unsuccess | NATURE OF CONVEYANCE: | | CHANGE OF NAME | | | | |
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Delaware

1 PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "AESCULAP IMPLANT SYSTEMS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "AESCULAP IMPLANT SYSTEMS, INC. " TO "AESCULAP IMPLANT SYSTEMS, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF OCTOBER, A.D. 2009, AT 4:32 O'CLOCK P.M.



3917902

090902753

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 7561830

DATE: 10-02-09

PATENT REEL: 027965 FRAME: 0741

Delaware

2 PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "AESCULAP IMPLANT SYSTEMS, LLC" FILED IN THIS OFFICE ON THE FIRST DAY OF OCTOBER, A.D. 2009, AT 4:32 O'CLOCK P.M.



3917902

090902753

Jeffrey W. Bullock, Secretary of State AUTHENTICATION: 7561830

DATE: 10-02-09

PATENT REEL: 027965 FRAME: 0742

State of Delaware Secretary of State Division of Corporations Delivered 04:32 FM 10/01/2009 FILED 04:32 FM 10/01/2009 SRV 090902753 - 3917902 FILE

STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A CORPORATION TO A LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.) The jurisdiction where the Corporation first formed is Delaware

2.) The jurisdiction immediately prior to filing this Certificate is Delaware

3.) The date the corporation first formed is January 27, 2005

4.) The name of the Corporation immediately prior to filing this Certificate is Aesculap Implant Systems, Inc.

5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Aesculap Implant Systems, LLC

6.) The effective date of the conversion from a Corporation to a Limited Liability

Company is October 1, 2009

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the _____A.D.2009 day of October 1st

By: Stalett Spence Authorized Person

Name: Scarlett Spence Print of Type

PATENT REEL: 027965 FRAME: 0743 State of Delaware Secretary of State Division of Corporations Delivered 04:32 FM 10/01/2009 FILED 04:32 FM 10/01/2009 SRV 030302753 - 3917902 FILE

STATE of DELAWARE LIMITED LIABILITY COMPANY CERTIFICATE of FORMATION

• First: The name of the limited liability company is Aesculap Implant Systems, LLC

• Second: The address of its registered office in the State of Delaware is 2711 Centerville Rd., 400 in the City of Wilmington Zip Code 19808

The name of its Registered agent at such address is _ Corporation Service Company

• Third: (Insert any other matters the members determine to include herein.)

Effective date October 1, 2009

In Witness Whereof, the undersigned have executed this Certificate of Formation this 1st day of October ,2009

By: Socilett Species Authorized Person(s)

Name: <u>Searlett Spence</u> Typed or Printed

PATENT REEL: 027965 FRAME: 0744

RECORDED: 03/30/2012