

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Angott Medical Products, LLC	07/02/2012
RECEIVING PARTY DATA	
Name:	First Sense Medical
Street Address:	2001 Centerpoint Parkway
Internal Address:	Suite 110
City:	Pontiac
State/Country:	MICHIGAN
Postal Code:	48341
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	12892674
Application Number:	13368627
CORRESPONDENCE DATA	
Fax Number:	2484337274
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	248 433-7529
Email:	mdonovan@dickinsonwright.com
Correspondent Name:	Bryan J. Schomer
Address Line 1:	2600 W. Big Beaver Road
Address Line 2:	Suite 300
Address Line 4:	Troy, MICHIGAN 48084
ATTORNEY DOCKET NUMBER:	39673 MATTER 2 AND 12
NAME OF SUBMITTER:	Bryan J. Schomer
Total Attachments: 1 source=Name_Change#page1.tif	

OP \$80.00 12892674

PATENT

BOS/CD-541/Rev. 04/11

<b>MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMERCIAL SERVICES</b>	
Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name	Paul G. Angott
Address	442 Five Gaits Court
City	Bloomfield Hills
State	MI
Zip Code	48304
EXPIRATION DATE: DECEMBER 31	

Document will be returned to the name and address you enter above.  
If left blank document will be mailed to the registered office.

**CERTIFICATE OF ASSUMED NAME**  
**For use by Corporations, Limited Partnerships and Limited Liability Companies**  
(Please read information and instructions on reverse side)

*Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:*

1. The name of the corporation, limited partnership, or limited liability company is:  
Angott Medical Products, LLC

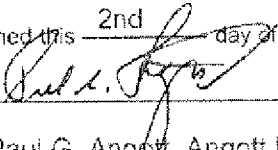
2. The identification number assigned by the Bureau is: E0987E

3. The assumed name under which business is to be transacted is:  
First Sense Medical

4. This document is hereby signed as required by the Act.

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 2nd day of July, 2012

By   
(Signature)

Paul G. Angott, Angott Medical Products, LLC  
(Type or Print Name) (Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)