PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Nature of Conveyance which should be Change of Name not Assignment as previously recorded on Reel 029190 Frame 0772. Assignor(s) hereby confirms the Assignment should be Change of Name.

CONVEYING PARTY DATA

Name	Execution Date
Tyco Healthcare Group LP	09/28/2012

RECEIVING PARTY DATA

Name:	Covidien LP
Street Address:	15 Hampshire Street
City:	Mansfield
State/Country:	MASSACHUSETTS
Postal Code:	02048

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	13659952

CORRESPONDENCE DATA

Fax Number: 2038212183

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 203-492-5000

Email: Patents.Surgical@Covidien.com

Correspondent Name: Covidien LP

Address Line 1: 555 Long Wharf Drive

Address Line 2: Mailstop 8 N-1, Legal Department
Address Line 4: New Haven, CONNECTICUT 06511

ATTORNEY DOCKET NUMBER:	H-US-03197CIPCON(203-8446
NAME OF SUBMITTER:	Kevin Ferguson

Total Attachments: 10 source=Correction#page1.tif source=Correction#page2.tif

PATENT REEL: 029220 FRAME: 0212 13659957

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PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT		NEW ASSIGNMENT	
NATURE OF CONVEY	ATURE OF CONVEYANCE: ASSIGNMENT Name Change		
CONVEYING PARTY D	DATA	÷	
		Name Execution Date	
Tyco Healthcare Group	nIP	09/28/2012	
Tyco ricalitical or croup	7 ba1	00/20/2012	
RECEIVING PARTY DA	ATA		:
Name:	Covidien LP		
Street Address:	15 Hampshire Street		
City:	Mansfield		
State/Country:	MASSACHUSETTS		
Postal Code:	e: 02048		
Property Typ	oe e	Number 13659952	
Application Number: 13659952			
CORRESPONDENCE I	DATA		
Fax Number:	2038212	12183	
Correspondence will be		S Mail when the fax attempt is unsuccessful.	
Phone:	203-492		
	Email: Patents.Surgical@Covidien.com		
Correspondent Name: Covidien LP Address Line 1: 555 Long Wharf Drive			
Address Line 2: Mailstop 8 N-1, Legal Department			
Address Line 4:	New Ha	aven, CONNECTICUT 06511	
ATTORNEY DOCKET NUMBER: H-US-03197CIPCON(203-8446			
NAME OF SUBMITTER: Kevin Ferguson			
Total Attachments: 2 source=NewHaven#pag	_		



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "TYCO HEALTHCARE GROUP

LP", CHANGING ITS NAME FROM "TYCO HEALTHCARE GROUP LP" TO

"COVIDIEN LP", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF

SEPTEMBER, A.D. 2012, AT 9:48 O'CLOCK A.M.

2946789 8100

121078474

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

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 9879917

DATE: 09-28-12

State of Delaware Secretary of State Division of Corporations Delivered 09:48 AM 09/28/2012 FILED 09:48 AM 09/28/2012 SRV 121078474 - 2946789 FILE

STATE OF DELAWARE AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to amend the Certificate of Limited Partnership pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

SECOND: Article First of the Certificate of	of Limited Partnership shall be amended as
follows:	
The name of the Limited Partnership is Covidien LF Article Third shall be amended as follows: The name of the general partner has been changed to	
	d executed this Amendment to the Certificate A.D. 2012 .
of Limited Partnership on this 28 day of	September , N.D. 2012 .
	By: Masser By: General Partner(s)
	Nama
	Name:
	COVIDIEN HOLDING INC. ITS GENERAL P. BY: JOHN W. KAPPLES, VICE PRESIDENT & S

DE077 - 09/05/2007 C T System Online

RECORDED: 10/31/2012