PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT2862596

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
ORTHOPAEDIC HOSPITAL	02/28/2013

RECEIVING PARTY DATA

Name:	ORTHOPAEDIC HOSPITAL D/B/A ORTHOPAEDIC INSTITUTE FOR CHILDREN
Street Address:	2400 S. FLOWER STREET
City:	LOS ANGELES
State/Country:	CALIFORNIA
Postal Code:	90007-2697

PROPERTY NUMBERS Total: 2

Property Type	Number
Patent Number:	8658710
Application Number:	10258762

CORRESPONDENCE DATA

Fax Number: (310)277-4730

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Phone: (310) 788-1569
Email: uspto33401@mwe.com
Correspondent Name: MARC E. BROWN
Address Line 1: MCDERMOTT WILL & EMERY LLP
Address Line 2: 2049 CENTURY PARK EAST, SUITE 3800
Address Line 4: LOS ANGELES, CALIFORNIA 90067

ATTORNEY DOCKET NUMBER:	040398-0095/-0096
NAME OF SUBMITTER:	MARC E. BROWN
SIGNATURE:	/Marc E. Brown/
DATE SIGNED:	05/20/2014

Total Attachments: 2
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2013 040221

FILED
Feb 28 2013

Dean C. Logan, Registrar-Recorder/County Clerk

Document signed by Todd Tran

YOUR RETURN MAILING ADDRESS

NAME: ORTHOPAEDIC HOSPITAL

ADDRESS: 2400 S FLOWER STREET

CITY: LOS ANGELES STATE: CA ZIP CODE: 90007-2697

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- ☒ Original- $26.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
- ☐ New (Amended) Filing- $26.00 (CHANGES IN FACTS FROM ORIGINAL FILING- REQUIRES PUBLICATION)
- ☐ Refile- $26.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)

$5.00- FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT THE SAME LOCATION $5.00- FOR EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER

The following person(s) is (are) doing business as:

*1. ORTHOPAEDIC INSTITUTE FOR CHILDREN 2. ORTHOPAEDIC AND SPINE INSTITUTE FOR CHILDREN

Print Fictitious Business Name(s)

**2400 S FLOWER STREET

Street address of principal place of business

Mailing address if different

LOS ANGELES CA 90007-2697 LOS ANGELES

City State Zip COUNTY City State Zip

Articles of Incorporation or Organization Number (if applicable): A# ON F0651343

*** REGISTERED OWNER(S):

1. ORTHOPAEDIC HOSPITAL
Full Name/Corp/LLC (P.O. Box not accepted)
2400 S FLOWER STREET
Residence Address
LOS ANGELES CA 90007-2697
City State Zip
CA
If Corporation or LLC – Print State of Incorporation/Organization

2.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State Zip
If Corporation or LLC – Print State of Incorporation/Organization

3.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State Zip
If Corporation or LLC – Print State of Incorporation/Organization

4.
Full Name/Corp/LLC (P.O. Box not accepted)
Residence Address
City State Zip
If Corporation or LLC – Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

**** THIS BUSINESS IS CONDUCTED BY: (Check one)

☐ an Individual ☐ a General Partnership ☐ a Limited Partnership ☐ a Limited Liability Company
☐ an Unincorporated Association other than a Partnership ☒ a Corporation ☐ a Trust ☐ Copartners
☐ a Married Couple ☐ Joint Venture ☐ State or Local Registered Domestic Partners ☐ a Limited Liability Partnership

***** The date registrant commenced to transact business under the fictitious business name or names listed above on N/A

(insert N/A above if you haven't started to transact business)

I declare that all information in this statement is true and correct.

(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

REGISTRANT/CORP/LLC NAME (PRINT) LOURDES ABCEDE/ORTHOPAEDIC HOSPITAL TITLE CFO

REGISTRANT SIGNATURE Lourdes Abcede CORP OR LLC, PRINT NAME ORTHOPAEDIC HOSPITAL

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of LOS ANGELES on the date indicated by the filed stamp in the upper right corner.

NOTICE – IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

DEAN C. LOGAN, LOS ANGELES COUNTY CLERK BY: TODD TRAN, Deputy

This is a true and certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder/County Clerk

FEB 26 2013

REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA