

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3289993

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|---|------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |
| CONVEYING PARTY DATA | |
| Name | Execution Date |
| MINNTECH CORPORATION | 08/01/2012 |
| RECEIVING PARTY DATA | |
| Name: | MEDIVATORS INC. |
| Street Address: | 14605 28TH AVENUE NORTH |
| City: | MINNEAPOLIS |
| State/Country: | MINNESOTA |
| Postal Code: | 55447 |
| PROPERTY NUMBERS Total: 1 | |
| Property Type | Number |
| Application Number: | 14672859 |
| CORRESPONDENCE DATA | |
| Fax Number: | (612)766-1600 |
| <i>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.</i> | |
| Phone: | 612-766-7000 |
| Email: | kelsey.dehne@faegrebd.com |
| Correspondent Name: | FAEGRE BAKER DANIELS LLP |
| Address Line 1: | 90 SOUTH 7TH STREET |
| Address Line 2: | 2200 WELLS FARGO CENTER |
| Address Line 4: | MINNEAPOLIS, MINNESOTA 55402 |
| ATTORNEY DOCKET NUMBER: | 457777.000039 |
| NAME OF SUBMITTER: | KELSEY DEHNE |
| SIGNATURE: | /kelseydehne/ |
| DATE SIGNED: | 03/31/2015 |
| Total Attachments: 2 | |
| source=MEDIVATORS name change amendment#page1.tif | |
| source=MEDIVATORS name change amendment#page2.tif | |

25-966

DC
BUS name



STATE OF MINNESOTA SECRETARY OF STATE AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Mimatech Corporation

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

08/01/2012

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE

ARTICLE I - NAME: The name of this Corporation shall be Medivators Inc.

This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

Eric W. Nodiff, Assistant Secretary

Name and telephone number of contact person: Wendy Hagen

Please Print Legibly

STATE OF MINNESOTA
DEPARTMENT OF STATE

FILED

Phone Number

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103

JUL 23 2012

Mark Ritchie
Secretary of State

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us; or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

STATE OF MINNESOTA
DEPARTMENT OF STATE
I hereby certify that this is a
true and complete copy of the
document as filed for record in
this office.
DATED 8/7/12
Mark Ritchie
Secretary of State
By [Signature]

