

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT3676524

|                                                                                                                                                                                                 |                                  |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|
| <b>SUBMISSION TYPE:</b>                                                                                                                                                                         | NEW ASSIGNMENT                   |                       |
| <b>NATURE OF CONVEYANCE:</b>                                                                                                                                                                    | CHANGE OF NAME                   |                       |
| <b>CONVEYING PARTY DATA</b>                                                                                                                                                                     |                                  |                       |
|                                                                                                                                                                                                 | <b>Name</b>                      | <b>Execution Date</b> |
|                                                                                                                                                                                                 | Tyco Healthcare Group LP         | 09/28/2012            |
| <b>RECEIVING PARTY DATA</b>                                                                                                                                                                     |                                  |                       |
| <b>Name:</b>                                                                                                                                                                                    | Covidien LP                      |                       |
| <b>Street Address:</b>                                                                                                                                                                          | 15 Hampshire Street              |                       |
| <b>City:</b>                                                                                                                                                                                    | Mansfield                        |                       |
| <b>State/Country:</b>                                                                                                                                                                           | MASSACHUSETTS                    |                       |
| <b>Postal Code:</b>                                                                                                                                                                             | 02048                            |                       |
| <b>PROPERTY NUMBERS Total: 1</b>                                                                                                                                                                |                                  |                       |
| <b>Property Type</b>                                                                                                                                                                            | <b>Number</b>                    |                       |
| <b>Application Number:</b>                                                                                                                                                                      | 14984047                         |                       |
| <b>CORRESPONDENCE DATA</b>                                                                                                                                                                      |                                  |                       |
| <b>Fax Number:</b>                                                                                                                                                                              | (203)821-2183                    |                       |
| <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> |                                  |                       |
| <b>Phone:</b>                                                                                                                                                                                   | 203-492-5000                     |                       |
| <b>Email:</b>                                                                                                                                                                                   | SurgicalUS@covidien.com          |                       |
| <b>Correspondent Name:</b>                                                                                                                                                                      | COVIDIEN LP                      |                       |
| <b>Address Line 1:</b>                                                                                                                                                                          | 555 LONG WHARF DRIVE             |                       |
| <b>Address Line 2:</b>                                                                                                                                                                          | MAILSTOP 8 N-1, LEGAL DEPARTMENT |                       |
| <b>Address Line 4:</b>                                                                                                                                                                          | NEW HAVEN, CONNECTICUT 06511     |                       |
| <b>ATTORNEY DOCKET NUMBER:</b>                                                                                                                                                                  | H-US-03144DIVBCON(-8482)         |                       |
| <b>NAME OF SUBMITTER:</b>                                                                                                                                                                       | KIMBERLY V. PERRY                |                       |
| <b>SIGNATURE:</b>                                                                                                                                                                               | /Kimberly V. PERRY, Reg. #43612/ |                       |
| <b>DATE SIGNED:</b>                                                                                                                                                                             | 12/30/2015                       |                       |
| <b>Total Attachments: 2</b>                                                                                                                                                                     |                                  |                       |
| source=NameChange#page1.tif                                                                                                                                                                     |                                  |                       |
| source=NameChange#page2.tif                                                                                                                                                                     |                                  |                       |

# Delaware

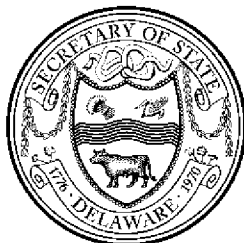
PAGE 1

*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](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9879917

DATE: 09-28-12

PATENT  
REEL: 037398 FRAME: 0818

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:

FIRST: The name of the Limited Partnership is Tyco Healthcare Group LP

SECOND: Article First of the Certificate of Limited Partnership shall be amended as follows:

The name of the Limited Partnership is Covidien LP  
Article Third shall be amended as follows:  
The name of the general partner has been changed to Covidien Holding Inc.

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 28 day of September, A.D. 2012.

By:   
General Partner(s)

Name: \_\_\_\_\_

COVIDIEN HOLDING INC. ITS GENERAL PARTNER  
BY: JOHN W. KAPPLES, VICE PRESIDENT & SECRETARY