PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT4301808

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

CONVEYING PARTY DATA

Name	Execution Date
DELTEC, INC.	10/30/2003

RECEIVING PARTY DATA

Name:	SMITHS MEDICAL MD, INC.
Street Address:	1265 GREY FOX ROAD
City:	ST. PAUL
State/Country:	MINNESOTA
Postal Code:	55112

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	7442186

CORRESPONDENCE DATA

Fax Number: (612)349-9266

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: 612-349-5741
Email: mitchell@ptslaw.com
Correspondent Name: JAMES H. PATTERSON
Address Line 1: 80 SOUTH 8TH STREET
Address Line 2: 4800 IDS CENTER
Address Line 4: MINNEAPOLIS, MINNESOTA 55402

ATTORNEY DOCKET NUMBER:	4176.117US02
NAME OF SUBMITTER:	VALERIE P. MITCHELL
SIGNATURE:	/Valerie P. Mitchell/
DATE SIGNED:	03/03/2017

Total Attachments: 1
source=4176.117US02 Deltec Change of Name#page1.tif

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MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.
2. There is a $35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
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)

Deltec, Inc.

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.

_____
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 numbered pages. (Total number of pages including this form 1)

ARTICLE I

The name of the corporation is Smiths Medical MD, Inc.

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

OCT 30 2003

Secretary of State

This amendment has been approved pursuant to *Minnesota Statutes chapter 302A or 317A*. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

(Signature of Authorized Person)

Name and telephone number of contact person: Fellela Jones ATO (651) 628-7271

Please print legibly

If you have any questions please contact the Secretary of State's office at (651)296-2803.

RETURN TO: Secretary of State, Business Services Division
180 State Office Bldg., 100 Rev. Dr. Martin Luther King Jr. Blvd
St. Paul, MN 55155-1299, (651)296-2803
Make Check Payable to the "Secretary of State". Your cancelled Check is your receip

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

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last Rev. 3-03.