



04-24-2002



102065676

April 2, 2002

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

TRADEMARKS ONLY

OUR FILE NOS. 990209; 930080; 901207; 89536;
87023; 920446 970703

BOX ASSIGNMENTS/FEE
Assistant Commissioner for Trademarks
2900 Crystal Drive
Arlington, Virginia 22202-3513

4-8-02

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original document or copy thereof.

1. Name of Party(ies) conveying an interest:
Everest Medical Corporation

___ Individual(s) _____ Association
___ General Partnership _____ Limited Partnership
X Corporation-State of Minnesota
___ Other _____

2. Name and Address of Party(ies) receiving an interest:
Name: Gyrus Medical, Inc.
Street Address: 6655 Wedgwood Road, Suite 105
City: Maple Grove
State: MN Zip: 55311

___ Individual(s) citizenship _____
___ Association _____
___ General Partnership _____
___ Limited Partnership _____
X Corporation-State of Delaware
___ Other _____

If assignee is not domiciled in the United States, a domestic representative designated is attached: ___ Yes ___ No
(Designation must be a separate document from Assignment)

3. Nature of Conveyance:
___ Assignment _____ Merger
___ Security Agreement _____ X Change of Name
___ Other _____

Execution Date: April 5, 2001.

04/23/2002 6TOM11 00000083 2409496

01 FC:481 40.00 OP
02 FC:482 150.00 OP

Repl'n. Ref: 04/23/2002 6TOM11 0010211000
DOI: 081265 Base/Number: 2409496 \$90.00 CR
FC: 704

TRADEMARK
REEL: 002488 FRAME: 0964

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

~~2,409,496~~

~~1,800,632~~

1,674,137

1,589,839

1,464,462

1,825,058

2,261,215

5. Name and address of party of whom correspondence concerning document should be mailed:

Name: Thomas J. Nikolai, Esq.
NIKOLAI & MERSEREAU, P.A.

Street Address: 900 Second Avenue South, #820

City: Minneapolis State: MN Zip: 55402-3325

6. Number of applications and registrations involved: 7

7. Total Fee (37 CFR 3.41): \$280.00

X A check is enclosed.

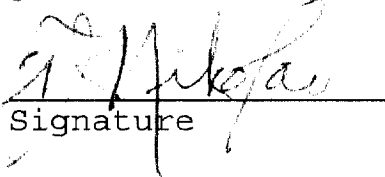
8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 2.6 which may be required by this paper to Deposit Account No. 08-1265.

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Thomas J. Nikolai
Name of Person Signing



Signature

Date: April 2, 2002

Total number of pages including cover sheet, attachments and document: 3

State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, 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 "EVEREST MEDICAL CORPORATION", CHANGING ITS NAME FROM "EVEREST MEDICAL CORPORATION" TO "GYRUS MEDICAL, INC.", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2001, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3178509 8100

AUTHENTICATION: 1065598

010149730

DATE: 04-05-01

RECORDED: 04/08/2002

TRADEMARK
REEL: 002488 FRAME: 0966