

03-21-2001

U.S. Department of Commerce  
Patent and Trademark Office  
**TRADEMARK**



101644206

**RECORDATION FORM COVERSHEET  
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TO: The Commission of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

**Submission Type**

- ☒ New  
☐ Resubmission (Non-Recordation)

☐ Correction of PTO Error

Reel #  Frame #

☐ Corrective Document

Reel #  Frame #

**Conveyance Type**

- ☐ Assignment ☐ License  
☐ Security Agreement ☐ Nunc Pro Tunc Assignment

☐ Merger

☒ Change of Name

☐ Other

Effective Date  
Month Day Year

**Conveying Party**

☐ Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year

- Formerly   
☐ Individual ☐ General Partnership ☐ Limited Partnership ☐ Corporation ☐ Association

☒ Other

☒ Citizenship/State of Incorporation/Organization

**Receiving Party**

☐ Mark if additional names of conveying parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

☐ Individual ☐ General Partnership ☐ Limited Partnership

☐ Corporation ☐ Association

☒ Other

☒ Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

**FOR OFFICE USE ONLY**

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0227), Washington, D.C. 20503. See OMB Information Collection Budget Package 0551-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**TRADEMARK**  
**REEL: 002254 FRAME: 0390**

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

|                  |                      |
|------------------|----------------------|
| Name             | <input type="text"/> |
| Address (line 1) | <input type="text"/> |
| Address (line 2) | <input type="text"/> |
| Address (line 3) | <input type="text"/> |
| Address (line 4) | <input type="text"/> |

**Correspondent Name and Address**

**Area Code and Telephone No.**

770.984.2300

|                  |   |
|------------------|---|
| Name             | <input type="text" value="Bradley K. Groff, Esq."/>                     |
| Address (line 1) | <input type="text" value="Gardner Groff Mehrman &amp; Josephic, P.C."/> |
| Address (line 2) | <input type="text" value="600 Village Trace, Suite 300"/>               |
| Address (line 3) | <input type="text"/>  |
| Address (line 4) | <input type="text" value="Atlanta, Georgia 30067"/>                     |

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments

#

2

**Trademark Application Number(s) or Registration Number(s)** ☐ Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

|                      |                      |                      |                                      |                                      |                      |
|----------------------|----------------------|----------------------|--------------------------------------|--------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="1985492"/> | <input type="text" value="1953240"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="2139970"/> | <input type="text" value="1912413"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="2075951"/> | <input type="text"/>                 | <input type="text"/> |

**Number of Properties**

Enter the total number of properties involved: #

5

**Fee Amount**

Fee amount of properties listed (37 CFR 3.41):

\$140.0

**Method of Payment:**

**Deposit Account**

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Enclosed ☒ Deposit Account ☐

Deposit Account Number:

#

Authorization to charge additional fees:

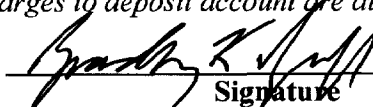
Yes ☐ No ☐

**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. Charges to deposit account are authorized, as indicated herein.

Bradley K. Groff

Name of Person Signing

  
Signature

February 27, 2001  
Date

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 010320879  
CONTROL NUMBER: K520512  
EFFECTIVE DATE: 02/01/2001  
REFERENCE : 0044  
PRINT DATE : 02/01/2001  
FORM NUMBER : 662

MATRIA HEALTHCARE, INC.  
KIM L. BLANKENSHIP  
1850 PARKWAY PALCE  
MARIETTA, GA 30067

**CERTIFICATE OF CORRECTION OF NAME**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**GAINOR MEDICAL NORTH AMERICA, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

has filed articles of correction in the Office of the Secretary of State changing its name to

**FACET TECHNOLOGIES, LLC**

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles of correction.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on the date set forth above.



Cathy Cox  
Secretary of State

ARTICLES OF AMENDMENT  
OF A LIMITED LIABILITY COMPANY  
FORMED UNDER THE LAWS OF THE STATE OF GEORGIA

(Under Section 14-11-210 of the Georgia Limited Liability Company Act)

To the Secretary of State  
State of Georgia

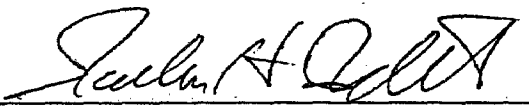
FIRST: The name of the limited liability company (the "company") is Gainor Medical North America, LLC.

SECOND: The date the articles of organization of the company were filed in the Office of the Secretary of State of the State of Georgia is June 29, 1995.

THIRD: The amendment to the articles of organization of the company is as follows:

The name of the company is "Facet Technologies, LLC".

FOURTH: The effective date of this document shall be upon filing with the Secretary of State.

By   
Parker H. Petit  
Sole Managing Member

FEB 1 10 56 AM '01

SECRETARY OF STATE