

Form PTO-1594  
(Rev. 10/02)  
OMB No. 0651-0027 (exp. 6/30/2005)  
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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):  
 INNOMEDICA, INC.  
 MEDICON, INC.

Individual(s)       Association  
 General Partnership       Limited Partnership  
 Corporation-State - MINNESOTA  
 Other \_\_\_\_\_

Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)  
 Name: BIOMEK CARDIOVASCULAR INC.  
 Internal  
 Address: \_\_\_\_\_  
 Street Address: 7452 West 78th Street  
 City: Minneapolis State: MN Zip: 55439

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State: Minnesota  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
 (Designations must be a separate document from assignment)  
 Additional name(s) & address(es) attached?  Yes  No

3. Nature of conveyance:  
 Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

Execution Date: 09/20/2000

4. Application number(s) or registration number(s):  
 A. Trademark Application No.(s) \_\_\_\_\_  
 \_\_\_\_\_

Additional number(s) attached  Yes  No

B. Trademark Registration No.(s) 1,304,888  
1,592,887, 1,612,838, 1,304,889

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: FAEGRE & BENSON LLP  
 Internal Address: 2200 Wells Fargo Center  
 \_\_\_\_\_  
 Street Address: 90 South Seventh Street  
 \_\_\_\_\_  
 City: Minneapolis State: MN Zip: 55402-3901

6. Total number of applications and registrations involved: 4

7. Total fee (37 CFR 3.41).....\$ 115.00  
 Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
06-0029

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9. Signature.  
Susan J. Lilyquist  
 Name of Person Signing      Susan J. Lilyquist      07/16/03  
 Signature      Date

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

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

CH \$115.00 060029 1304888

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State of Minnesota

**SECRETARY OF STATE****CERTIFICATE OF MERGER**

I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of the individual merging entities to do business in Minnesota is terminated on the effective date of this merger.

**Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A**

**State of Formation and Names of Merging Entities:**

**MN: INNOMEDICA, INC.**

**MN: MEDICON, INC.**

**State of Formation and Name of Surviving Entity:**

**MN: INNOMEDICA, INC.**

**Effective Date of Merger: September 20, 2000**

**Name of Surviving Entity After Effective Date of Merger:**

**BIOMEC CARDIOVASCULAR INC.**

**This certificate has been issued on September 20, 2000**



*Mary Kiffmeyer*  
Secretary of State.