

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Medtronic Xomed Surgical Products, Inc.		01/03/2001	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Medtronic Xomed, Inc.		
<b>Street Address:</b>	6743 Southpoint Drive		
<b>City:</b>	Jacksonville		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32216		
<b>Entity Type:</b>	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1285921	LAMICEL OSMOTIC CERVICAL DILATOR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(763)505-2530		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	763.505.2526		
<b>Email:</b>	cindy.l.everson@medtronic.com		
<b>Correspondent Name:</b>	Medtronic, Inc.		
<b>Address Line 1:</b>	710 Medtronic Parkway		
<b>Address Line 2:</b>	LC 340		
<b>Address Line 4:</b>	Minneapolis, MINNESOTA 55432-5604		
<b>ATTORNEY DOCKET NUMBER:</b>	T4059 US		
<b>NAME OF SUBMITTER:</b>	Cindy Evenson		
<b>Total Attachments: 0</b>			

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