

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____
		<input type="checkbox"/> Merger	<input checked="" type="checkbox"/> Change of Name
		<input type="checkbox"/> Other _____	

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 receiving 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

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

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TRADEMARK
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FORM PTO-1618B
Expires 09/30/99
OMB 0651-0027

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

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

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

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" value="75909611"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1977294"/>	<input type="text" value="2213409"/>	<input type="text" value="2463590"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2009432"/>	<input type="text" value="2213410"/>	<input type="text" value="2480855"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2189244"/>	<input type="text" value="2291186"/>	<input type="text" value="2506398"/>

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account

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

Joseph D. Lewis

Name of Person Signing



Signature

5-6-04

Date Signed

Additional registrations being assigned from
The OR Group, Inc. to Allen Medical Systems, Inc.

<u>Reg. No.</u>	<u>Mark</u>
2596500	BLUE VELVET
2602926	ULTRAFINS
2636149	CARPA
2654733	URO CATCHER
2660042	TRI-CLAMP
2689497	THE OR GROUP
2787499	PAL PRO
2803546	TAP
2811751	VACU-GEL
2811752	VACU-FORM

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF AMENDMENT

of

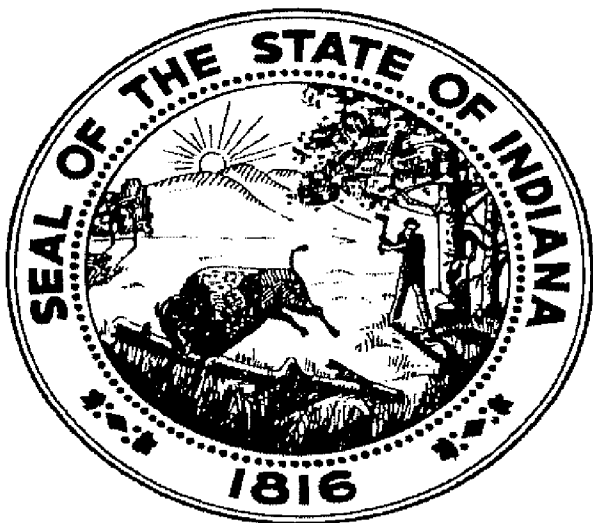
THE OR GROUP, INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

The name following said transaction will be:

ALLEN MEDICAL SYSTEMS, INC.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, January 02, 2004.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 2, 2004.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,
SECRETARY OF STATE

1999061467 / 2004010269330

**TRADEMARK
REEL: 002849 FRAME: 0591**

199906/467 *wpm*

APPROVED
AND
FILED

Carol Roberts
IND. SECRETARY OF STATE

WRITTEN CONSENT
OF THE SOLE SHAREHOLDER OF
THE OR GROUP, INC.
IN LIEU OF A MEETING

January 2, 2004

The undersigned, being the sole shareholder of The OR Group, Inc., an Indiana corporation (the "Corporation"), under the provisions of Indiana Code § 23-1-29-4, hereby waives all notice and consents to the following action to be taken by the Corporation in lieu of a meeting of the Shareholder:

RESOLVED, that Article 1 of the Articles of Incorporation of the Corporation be amended to read in its entirety as follows:

ARTICLE 1
Identification

Section 1.01. Name. The name of the Corporation is Allen Medical Systems, Inc.

FURTHER RESOLVED, that this Written Consent shall be filed in the corporate Minutes Book of the Corporation with the minutes of the Shareholders' meetings.

FURTHER RESOLVED, that this Written Consent, once executed, shall be filed in the corporate Minutes Book of the Corporation.

EXECUTED AND EFFECTIVE as of the date first above written.

HILL-ROM, INC.

By: *R. Ernest Waaser*

Printed Name: R. Ernest Waaser

Title: President and Chief Executive Officer

INDIANA SECRETARY
OF STATE
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