

**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>			
Name	Formerly	Execution Date	Entity Type
Xomed Surgical Products, Inc.		11/05/1999	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
Name:	Medtronic Xomed Surgical Products, Inc.		
Street Address:	6743 Southpoint Drive North		
City:	Jacksonville		
State/Country:	FLORIDA		
Postal Code:	32216		
Entity Type:	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Registration Number:	1017204	BLU-SPOT	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(763)505-2530		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	7635052526		
Email:	cindy.l.evenson@medtronic.com		
Correspondent Name:	Cindy Evenson		
Address Line 1:	710 Medtronic Parkway		
Address Line 2:	LC 340		
Address Line 4:	Minneapolis, MINNESOTA 55432-5604		
NAME OF SUBMITTER:	Cindy L. Evenson		
Signature:	/Cindy L. Evenson/		
Date:	06/28/2005		
Total Attachments: 0			

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