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TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

08/04/2005
 900029581

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
EFFECTIVE DATE:	12/22/2004

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
SciMed Life Systems, Inc.		12/22/2004	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	Boston Scientific Scimed, Inc.
Street Address:	One SciMed Place
City:	Maple Grove
State/Country:	MINNESOTA
Postal Code:	55311
Entity Type:	CORPORATION: MINNESOTA

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Serial Number:	78299795	COBRA ADHERE
Serial Number:	76389617	VOYAGER
Registration Number:	2890092	CIRCUCOOL
Serial Number:	78480210	RPM
Serial Number:	78196377	RECON
Serial Number:	78262286	COBRA
Serial Number:	78440889	COBRA
Serial Number:	78423023	MAESTRO 3000

CORRESPONDENCE DATA

Fax Number: (612)331-2239

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 612-331-1464

Email: michelle@nrslaw.com

700200832

TRADEMARK
 REEL: 003169 FRAME: 0138

OP S215.00 78299795

Correspondent Name: Wayne A. Sivertson
Address Line 1: Suite 401, Broadway Place East
Address Line 2: 3433 Broadway Street Northeast
Address Line 4: Minneapolis, MINNESOTA 55413

NAME OF SUBMITTER:

Wayne A. Sivertson

Signature:

/WAS316/

Date:

08/04/2005

Total Attachments: 1

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State of Minnesota

SECRETARY OF STATE

CERTIFICATE OF NAME CHANGE

I, Mary Kiffmeyer, Secretary of State of Minnesota, do hereby certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

OLD NAME: SciMed Life Systems, Inc.

NEW NAME: Boston Scientific Scimed, Inc

STATE OF INCORPORATION: MN

DATE AMENDMENT FILED: 12-22-2004

This certificate has been issued on January 28, 2005.



Mary Kiffmeyer
Secretary of State.