Form PTO-1594 (Rev. 03/05)	Docket No. 057069-011US1 U.S. DEPARTMENT OF COMMERC		
CMIS Collection 0651-0027 (exp. 6/30/2005) RECORDATION FORM COVER SHEET TRADEMARKS ONLY To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.			
		1. Name of conveying party(ies): . Aରୀ Acquisition, LLC	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No Name: Orchid Orthopedic Solutions, LLC
		Individual(s) Association General Partnership Limited Partnership Corporation- State: Other Limited Liability Company Citizenship (see guidelines) Delaware Additional names of conveying parties attached? Yes No	Citizenship
3. Nature of conveyance)/Execution Date(s) : Execution Date(s) June 1, 2005	General Partnership Citizenship Limited Partnership Citizenship		
Assignment Merger Security Agreement Change of Name Other	Corporation Citizenship Citizenship Other Conguiny Citizenship Delaware If assignee is not domicifed in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment)		
4. Application number(s) or registration number(s) and A. Trademark Application No.(s) 78/543,637 C. Identification or Description of Trademark(s) (and Filing)	B. Trademark Registration No.(s) Additional sheet(s) attached?		
5. Name & address of party to whom correspondence concerning document should be mailed; Name: Michael J. Nieberding	6. Total number of applications and registrations involved:		
Internal Address: Thompson Hine LLP 2000 Courthouse Plaza NE Stroot Address: 10 West Second Street	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed		
City: <u>Dayton</u> State: <u>OII</u> Zip: <u>45402</u> Phone Number: <u>513-352-6719</u>	8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date		
ax Number: 513-241-4771 mail Address: mike nieberding@thompsonhine.com	b. Deposit Account Number <u>20-0809</u> Authorized User Name <u>Michael J. Nieberding</u>		
Signature: Michael J. Nieberding Name of Person Signing	9/7/2005 Date Total number of pages including cover shoct, attachments, and document: 4		

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"AST ACQUISITION, LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "ORCHID ORTHOPEDIC SOLUTIONS, LLC" UNDER THE NAME OF "ORCHID ORTHOPEDIC SOLUTIONS, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE FIRST DAY OF JUNE, A.D. 2005, AT 2:47 O'CLOCK P.M.



Darriet Smith Hindson, Secretary of State

AUTHENTICATION: 4061345

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NO. 702

STATE OF DELAWARE CERTIFICATE OF MERGER OF DOMESTIC LIMITED LIABILITY COMPANIES

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Act, the undersigned limited liability company executed the following Certificate of Merger:

FIRST: The name of the surviving limited liability company is Orchid Orthopedic Solutions, LLC, and the name of the limited liability company being merged into this surviving limited liability company is AST Acquisition, LLC.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

THIRD: The name of the surviving limited liability company is Orchid Orthopedic Solutions, LLC.

FOURTH: The merger is to become effective on June 1, 2005.

FIFTH: The Agreement of Merger is on file at 1489 Cedar Street, Holt, Michigan 48842, the place of business of the surviving limited liability company.

SIXTH: A copy of the Agreement of Merger will be furnished by the surviving limited liability company on request, without cost, to any member of the constituent limited liability companies.

IN WITNESS WHEREOF, said surviving limited liability company has caused this certificate to be signed by an authorized person, the 1st day of June A.D., 2005.

Name: Sameer Vijayakar

Title: President

State of Delaware Scoretary of State Division of Corporations Delivered 02:47 PM 06/01/2005 FILED 02:47 PM 06/01/2005 SRV 050457622 - 3921483 FILE

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RECORDED: 09/09/2005