

04-12-2006



RECORD
TRADEMARKS U.S.
103217180

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

902-1

1. Name of conveying party(ies):

Trio Medical LLC
80 South Jackson St., Ste. 407
Seattle, WA 98104

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other Limited Liability Company
- Association
- Limited Partnership

Citizenship (see guidelines) US

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) February 4, 2004

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Integriti Systems LLC

Internal

Address: _____

Street Address: 80 South Jackson St., Ste. 407

City: Seattle

State: WA

Country: US Zip: 98104

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other LLC

If assignee is not domiciled 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 identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2956420; 2285867

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Michael McNeil

Internal Address: Liell & McNeil Attorneys PC

Street Address: 511 S. Madison Street

P.O. Box 2417

City: Bloomington

State: Indiana Zip: 47402

Phone Number: (812) 333-5355

Fax Number: (812) 333-3173

Email Address: mmcneil@liellmcneil.com

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 500226

Authorized User Name Michael McNeil

9. Signature:

[Signature]
Signature

4-4-06
Date

Michael E. McNeil
Name of Person Signing

Reg. No. 35 949

Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

03/18/2004 375852
\$0.00 Document
Only
Tracking ID: 668874
Doc No: 375852-001

FILED
SECRETARY OF STATE

March 18, 2004

STATE OF WASHINGTON

Certificate of Amendment to
Certificate of Formation of

TRIO MEDICAL LLC

Effective February 4, 2004, please amend the limited liability company per the information listed below.

Current Name of LLC: Trio Medical LLC

UBI Number: 602 308 904

New Name of LLC: Integriti Systems LLC

Signature: 
Denis O'Connor, President

Printed Name: Denis A. O'Connor
President

Date: Feb 4, 2004