

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|   |  |                       |                       |
|---|--|-----------------------|-----------------------|
| <b>SUBMISSION TYPE:</b>                 | NEW ASSIGNMENT   |                       |                       |
| <b>NATURE OF CONVEYANCE:</b>            | CHANGE OF NAME   |                       |                       |
| <b>CONVEYING PARTY DATA</b>             |  |                       |                       |
| <b>Name</b>                             | <b>Formerly</b>  | <b>Execution Date</b> | <b>Entity Type</b>    |
| Medtronic Xomed Surgical Products, Inc. |  | 01/01/2001            | CORPORATION: DELAWARE |
| <b>RECEIVING PARTY DATA</b>             |  |                       |                       |
| <b>Name:</b>                            | Medtronic Xomed, Inc.  |                       |                       |
| <b>Street Address:</b>                  | 6743 Southpoint Drive N  |                       |                       |
| <b>City:</b>                            | Jacksonville   |                       |                       |
| <b>State/Country:</b>                   | FLORIDA  |                       |                       |
| <b>Postal Code:</b>                     | 32216-0980   |                       |                       |
| <b>Entity Type:</b>                     | CORPORATION: DELAWARE  |                       |                       |
| <b>PROPERTY NUMBERS Total: 1</b>        |  |                       |                       |
| <b>Property Type</b>                    | <b>Number</b>  | <b>Word Mark</b>      |                       |
| Registration Number:                    | 1449500  | EPISTAT               |                       |
| <b>CORRESPONDENCE DATA</b>              |  |                       |                       |
| <b>Fax Number:</b>                      | (763)505-2530  |                       |                       |
|   | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                       |                       |
| <b>Phone:</b>                           | 763.505.2526   |                       |                       |
| <b>Email:</b>                           | trademark@medtronic.com  |                       |                       |
| <b>Correspondent Name:</b>              | Cindy Evenson  |                       |                       |
| <b>Address Line 1:</b>                  | 710 Medtronic Parkway  |                       |                       |
| <b>Address Line 2:</b>                  | LC 340   |                       |                       |
| <b>Address Line 4:</b>                  | Minneapolis, MINNESOTA 55432-5604  |                       |                       |
| <b>ATTORNEY DOCKET NUMBER:</b>          | T4063US LG10000.L25  |                       |                       |
| <b>NAME OF SUBMITTER:</b>               | Cindy L. Evenson   |                       |                       |
| <b>Signature:</b>                       | /Cindy L. Evenson/   |                       |                       |

CH \$40.00 1449500

Date:

07/09/2007

Total Attachments: 0

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