

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Coretemp Medical, LLC		06/25/2008	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Thermedx, LLC		
Street Address:	32111 Aurora Road		
Internal Address:	Suite 10		
City:	Solon		
State/Country:	OHIO		
Postal Code:	44139		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77498524	THERMEDX	
CORRESPONDENCE DATA			
Fax Number:	(440)684-1095		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	4406841090		
Email:	mkusner@kusnerjaffe.com, cgoellner@kusnerjaffe.com		
Correspondent Name:	Mark Kusner		
Address Line 1:	6151 Wilson Mills Road		
Address Line 2:	Highland Place - Suite 310		
Address Line 4:	Highland Heights, OHIO 44143		
ATTORNEY DOCKET NUMBER:	TM9704US		
NAME OF SUBMITTER:	Mark Kusner		
Signature:	/mark kusner/		

OP \$40.00 77498524

Date:

11/21/2008

Total Attachments: 3

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/02/2008	200818303244	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORETEMP MEDICAL, LLC
32111 AURORA RD 10
SOLOON, OH 44139

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1732326

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THERMEDX, LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
200818303244



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 30th day of June, A.D.
2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Expedite	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> Non Expedite	PO Box 1299 Columbus, OH 43260

RECEIVED
BUSINESS SERVICES DIVISION

JUN 30 2008

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee \$50.00

OHIO SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <p style="text-align: center;">10-Oct-07 Date of Formation</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <p style="text-align: center;">_____ Date of Formation</p>
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The undersigned authorized representative of:

CoreTemp Medical, LLC	#1732326
Name of limited liability company	Registration number

If box (1) Amendment is checked, only complete sections that applies. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Thermedx, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"


This limited liability company shall exist for a period of Perpetual
Period of Existence

Purpose

Design, manufacture, market, distribute, and/or sell medical devices and equipment, and
to conduct any other lawful business as the members may determine.

Check here if additional provisions are attached

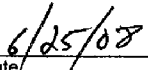
REQUIRED
Must be (signed) by a
member, manager or
other representative



Signature

DOUGLAS L. CARR

Print Name



Date

Signature

Date

Print Name

Signature

Date

Print Name