

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
Triline Medical, LLC		02/15/2008	LIMITED LIABILITY COMPANY: CALIFORNIA

RECEIVING PARTY DATA

Name:	Joerns LLC
Street Address:	7027 Hayvenhurst Avenue
City:	Van Nuys
State/Country:	CALIFORNIA
Postal Code:	91406
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	2278167	TURN CAIR
Registration Number:	2379765	FLAPCAIR
Registration Number:	2404028	CAIR1000
Registration Number:	3142149	AIRRAILS
Registration Number:	3224340	ARISE
Registration Number:	3232622	TRILINE
Registration Number:	3236168	TXCAIR
Registration Number:	3239033	WOUNDLINK
Registration Number:	3239034	WOUNDLINK
Registration Number:	3241450	PROCAIR
Registration Number:	3241453	TXSEAT
Registration Number:	3437880	PREVAMATT

CORRESPONDENCE DATA

900138874

**TRADEMARK
 REEL: 004026 FRAME: 0752**

CH \$315.00 2278167

Fax Number: (231)439-3940
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 231-439-3939
Email: todd@mstfirm.com
Correspondent Name: Oliver E. Todd, Jr.
Address Line 1: MacMillan, Sobanski & Todd, LLC
Address Line 2: One Maritime Plaza, 5th Floor
Address Line 4: Toledo, OHIO 43604

ATTORNEY DOCKET NUMBER:	1-51073
NAME OF SUBMITTER:	Oliver E. Todd, Jr.
Signature:	/Oliver E. Todd, Jr./
Date:	07/17/2009

Total Attachments: 2
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State of California
Secretary of State

ENDORSED - FILED
In the office of the Secretary of State
of the State of California


FEB 15 2008

**LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read Instructions before completing this form.

This Space For Filing Use Only

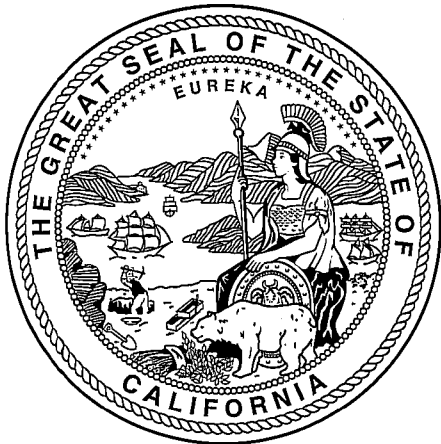
1. SECRETARY OF STATE FILE NUMBER 199804210046	2. NAME OF LIMITED LIABILITY COMPANY TRILINE MEDICAL, LLC
<p>3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.</p> <p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") <u>JOERNS LLC</u></p> <p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p> <p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p> <p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
6. NUMBER OF PAGES ATTACHED, IF ANY:	
<p>6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.</p> <p><u>[Signature]</u> <u>2/14/08</u> SIGNATURE OF AUTHORIZED PERSON DATE</p> <p><u>Glen Mayer, Member</u> TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON</p>	
<p>7. RETURN TO:</p> <p>NAME Curtis Moore FIRM Sunrise Medical Inc. ADDRESS 2382 Faraday Avenue, Suite 200 CITY/STATE Carlsbad, CA ZIP CODE 92008</p> <div style="text-align: right;">  </div>	

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 20 2008

A handwritten signature in black ink that reads "Debra Bowen".

DEBRA BOWEN
Secretary of State