

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
Dysphagia, LLC		09/24/2002	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	VitalStim, LLC		
Street Address:	12730 Marine Drive		
City:	Marysville		
State/Country:	WASHINGTON		
Postal Code:	98271		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2789609	VITALSTIM	
CORRESPONDENCE DATA			
Fax Number:	(202)778-5439		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	202.662.5439		
Email:	trademarks@cov.com		
Correspondent Name:	Marie A. Lavalleye		
Address Line 1:	1201 Pennsylvania Avenue, N.W.		
Address Line 2:	Covington & Burling LLP		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20004		
ATTORNEY DOCKET NUMBER:	024557.00102		
NAME OF SUBMITTER:	Cheryl Fountain/Paralegal Specialist		
Signature:	/cherylfountain/		

CH \$40.00 2789609

900148821

**TRADEMARK
 REEL: 004105 FRAME: 0854**

Date:

12/01/2009

Total Attachments: 3

source=Change of name#page1.tif

source=Change of name#page2.tif

source=Change of name#page3.tif



DATE: 09/25/2002	DOCUMENT ID 200226800616	DESCRIPTION AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
---------------------	-----------------------------	---	-----------------	--------------	----------------	-------------	-------------

Receipt

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

ARTER & HADDEN
10 W. BROAD ST., 21ST FLOOR
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

947040

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

VITALSTIM LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200226800616



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 24th day of September,
A.D. 2002.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

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

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) 7/9/96 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) _____ (Home State)	_____ (Qualifying in Ohio on MM/DD/YY)
--	--	---

The undersigned authorized representative of Dysphagia Limited Liability Company 947040
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:
VitalStim LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

RECEIVED
SECRETARY OF STATE
SEP 28 2 35 PM '02

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

 (Name)

 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

 (City, village or township) **Ohio** _____
 (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)

Robert B. [Signature]
Authorized Representative

September 20, 2002
Date

Authorized Representative

Date

Authorized Representative

Date