## 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
Lake Region Manufacturing Co., Inc.		12/20/1994	CORPORATION: MINNESOTA

#### **RECEIVING PARTY DATA**

Name:	Lake Region Manufacturing, Inc.
Doing Business As:	DBA Lake Region Medical
Street Address:	340 Lake Hazeltine Drive
City:	Chaska
State/Country:	MINNESOTA
Postal Code:	55318
Entity Type:	CORPORATION: MINNESOTA

#### PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1663347	LAKE REGION

#### **CORRESPONDENCE DATA**

Fax Number: (608) 258-7138 Phone: 608-234-6065

Email: ekenrick@whdlaw.com

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

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via US Mail.

Correspondent Name: Whyte Hirschboeck Dudek, Grady Frenchick

33 East Main Street, Suite 300 Address Line 1:

Address Line 2: P.O. Box 1379

Address Line 4: Madison, WISCONSIN 53703-4655

ATTORNEY DOCKET NUMBER:	LRM-33618
NAME OF SUBMITTER:	Grady J. Frenchick

REEL: 004666 FRAME: 0300

**TRADEMARK** 900207993

Signature:	/Grady J. Frenchick/
Date:	11/28/2011
Total Attachments: 7 source=LRM33618namechange#page1.tif source=LRM33618namechange#page2.tif source=LRM33618namechange#page3.tif source=LRM33618namechange#page4.tif source=LRM33618namechange#page5.tif source=LRM33618namechange#page6.tif source=LRM33618namechange#page7.tif	

TRADEMARK REEL: 004666 FRAME: 0301

## H-182

## State of Minnesuta Office of the Secretary of State

6534

## AMENDMENT OF ARTICLES OF INCORPORATION

CORPORATE NAME	LAKE REGION MANUF	ACTURING COMPANY, INC.
his emendment is e ian 30 days after fil	ffective on the day it is filed wi ing with the Secretary of State	ith the Secretary of State, unless you indicate another date, no later e, in this box:
ere adopted: (Inser ddød, if the full text	t full text of newly amended 01	ions to the statutory requirements regulating the above corporation r modified article(s), indicating which article(s) is(are) being amended of in the space provided, plesse do not use this form. Instead, retype the is format.)
Company certifi	name changed and cation by Corporate	all Articles restated per attached Secretary.
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certify that I am au	thorized to execute this amend	hapter 302A, Minnesota Statutes.  dment and I further certify that I understand that by signing this amend it forth in section 609.48 as if I had signed this amendment under oath  (Signature of Authorized Person)
NSTRUCTIONS:	078867	FOR USE BY THE SECRETARY OF STATE
1. Type or print wit 2. Filing tee: \$35. 3. Make check pay 4. Mail or bring con	00. able to Secretary of State.	
Secretary of Sta Business Service 180 State Office Saint Paul, MN !	s Division Building	

## ARTICLE I.

- 1.01. Name. The name of the Corporation is Lake Region Manufacturing, Inc.
- 1.02 Registered Office. The registered office of the Corporation is located at 340 Lake Hazeltine Drive, Chaska, MN 55318.

## ARTICLE II.

The Corporation shall have the authority to engage in and do any and all acts necessary or incidental to the conduct of any business for which corporations may be organized under the provisions of Minnesota Statutes 302A.

#### ARTICLE III. SHAREE AND SHAREHOLDERS

- 3.01 Number of Shares. The aggregate number of shares of stock which the Corporation shall have the authority to issue is 100,000 shares.
- 3.02 Classes of Shares. The stock of the Corporation shall be a single class of common stock having no par value. The board of directors may, from time to time, establish by resolution additional or different classes or series of shares and may fix the rights and preferences of said shares in any class or series.
- 3.03 Issuance of Shares. The board of directors shall have the authority to issue shares of a class or series to holders of shares of another class or eries to effectuate share dividends, splits, or conversion of its outstanding shares.
- 3.04 Preemptive Rights. No holder of stock of the Corporation shall have any preferential, preemptive or other right of subscription to any shares or any class or series of shares of stock of the Corporation allotted or sold or to be allotted or sold as now, or as may hereafter be, authorized, or to any obligations or securities convertible into any class or series of stock of the Corporation, nor any right of subscription to any part thereof.
- 3.05 cumulative voting. No shareholder shall be entitled to any cumulative voting rights.
  - 3.06 Vote Required. The shareholders shall take action by the affirmative vote of the holders of a majority of the voting power of the shares present and voting except where a larger proportion is required by these Articles of Incorporation or law.

#### ARTICLE IV. DIRECTORS

4.01 Board Action Without Meeting. Any action required or permitted to be taken by the board of directors of the Corporation may be taken by written action signed by that number of directors that would be required to take the same action at a meeting of the board at which all directors then in office are present, except as to those matters requiring shareholder approval, in which case the written action must be signed by all members of the board of directors then in office.

4.02 Limitation of Director Liability. A director of the Corporation shall not be personally liable to the Corporation or to its shareholders for monetary damages for any breach of fiduciary duty as a director to the full extent permitted by applicable laws. If the Minnesota Business Corporation Act is amended to authorize the further elimination or limitation of the liability of directors, then the liability of a director to the Corporation, in addition to the limitation on personal liability provided herein, shall be limited to the fullest extent permitted by the amended Minnesota Business Corporation Act. Any repeal or modification of this Section 4.02 by the shareholders of the Corporation shall be prospective only and shall not adversely affect any limitation on the personal liability of, or any right or protection as, a director of the Corporation existing at, or with respect to any act or omission which occurred prior to, the date of such repeal or modification.

I certify that all of the shareholders of Lake Region Manufacturing Co., Inc. have approved the foregoing Restated Articles of Incorporation.

Katherine S. Poehl

Corporate Secretary

Date: December 20, 1994

STATE OF MINNESOTA DEPARTMENT OF STATE FILED JAN 1 9 1995

Suchitation State of

DATE:

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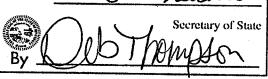
## STATE OF MINNESOTA

DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document as filed for record in this office.

DATED 1 9 001

Mark Ritchie



TRADEMARK REEL: 004666 FRAME: 0305

# SECRETARY OF STAT



#### CERTIFICATE OF OFFICE

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The person listed below, whose signature appears on the attached document, held the office set forth below and that the person was duly qualified and empowered to hold that office and to perform all of the functions of that office on the date the attached document was signed.

NAME OF SIGNING PERSON: Mark Ritchie

OFFICE HELD: Secretary of State, State of Minnesota

DATE DOCUMENT WAS SIGNED: 04/09/2010

This certificate has been issued on: April 9, 2010



Mark Rite Secretary of State.

> **TRADEMARK** REEL: 004666 FRAME: 0306

AN-OR





# MINNESOTA SECRETARY OF STATE CERTIFICATE OF ASSUMED NAME

Minnesota Statutes Chapter 333

Read the instructions before completing this form.

Filing fee \$25.00

The filling of an assumed name does not provide a user with exclusive rights to that name. Tr e filling is required for

. State the exact assumed name under	which the business is or will be	e conducted: (one bus	iness r ame	per application)
Lake Region Medical		and the second s		
State the address of the principal place	e of business. A complete stre	et address or rural rou	te and ural	route box number l
equired; the address cannot be a P.O. b	Зох.	Chaska	ΝN	55318
340 Lake Hazeltine Drive Street		City	State	Zip code
List the name and complete street add nlity, provide the legal corporate, LLC, on heet(s) if necessary.	dress of all persons conducting or Limited Partnership name a	g business under the a and registered office ad	bove A isum Idress. Atta	ned Name, OR if an ch additional
Name (please print)	Street	City	S! ate	Zip
Lake Region Manufacturing, Inc.	340 Hazeltine Drive	Chaska	IM	55318
bject to the penalties of perjury as set	Catherine Sola Statutes so	S. Rock!		
subject to the penalties of perjury as set	Catherine Sola Statutes so	ify that I understand the ection 609.48 as if I has so the second state of the second	require I to	sign.)
subject to the penalties of perjury as set bath.	Catherine Sola Statutes so	s S. Rocks! e person listed in #3 is Rocks! CExec. V.	require I to	sign.)
subject to the penalties of perjury as set bath.  Aug. 23, 2007  Date	Signature (ONLY one	s S. Rock! e person listed in #3 is Rock! (Exec. V.	require I to	sign.)
Bate  STATE OF MINNESOTA	Signature (ONLY one  Katherine S  Print Name and Title	s S. Rocks! e person listed in #3 is Rocks! CExec. V.	require I to	sign.)
subject to the penalties of perjury as set path.   Jug. 23, 2007  Date  STATE OF MINNESOTA DEPARTMENT OF STATE FILED	Signature (ONLY one  Katherine S  Print Name and Title  Mariana Korabel	s S. Rock! e person listed in #3 is Rock! (Exec. V.	require I to	sign.)
STATE OF MINNESOTA DEPARTMENT OF STATE FILED  AUG 24 2007	Signature (ONLY one  Katherrine S.  Print Name and Title  Mariana Korabel  Contact Person	e person listed in #3 is  Cock! (Exec. V.	require I to	sign.) . Secretary
STATE OF MINNESOTA DEPARTMENT OF STATE FILED	Signature (ONLY one  Katherrine S.  Print Name and Title  Mariana Korabel  Contact Person  (612) 766-8311	e person listed in #3 is  Cock! (Exec. V.	require I to	sign.) . Secretary
STATE OF MINNESOTA DEPARTMENT OF STATE FILED AUG 24 2007	Signature (ONLY one  Katherrine S.  Print Name and Title  Mariana Korabel  Contact Person  (612) 766-8311	e person listed in #3 is  Cock! (Exec. V.	require I to	sign.) . Secretary

Consent filled

## STATE OF MINNESOTA

DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document as filed for record in this office.

A 10 100

DATED 4/9/10

Mark Ritchie

Secretary of State

Secretary Sylves

TRADEMARK REEL: 004666 FRAME: 0308

**RECORDED: 11/28/2011**