

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
Bettcher Medical, Inc.		09/22/2011	CORPORATION:
RECEIVING PARTY DATA			
Name:	Exsurco Medical, Inc.		
Street Address:	6801 State Route 60		
City:	Birmingham		
State/Country:	OHIO		
Postal Code:	44816		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	76709088	EXSURCO	
CORRESPONDENCE DATA			
Fax Number:	2166214072		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	2166212234		
Email:	clewis@tarolli.com		
Correspondent Name:	Tarolli, Sundheim, Covell & Tummino LLP		
Address Line 1:	1300 East Ninth Street		
Address Line 2:	Suite 1700		
Address Line 4:	Cleveland, OHIO 44114		
ATTORNEY DOCKET NUMBER:	BET-191142 US PRI		
NAME OF SUBMITTER:	George L. Pinchak		
Signature:	/George L. Pinchak/		

Date:

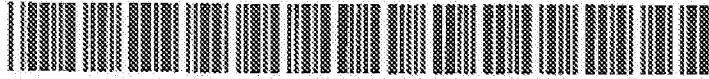
10/03/2012

Total Attachments: 3

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/26/2011	201126600901	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00		.00	.00

Receipt

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

THOMPSON HINE LLP
 ATTN: CAROL R. RUSSELL
 41 S. HIGH ST., #1700
 COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted

1947393

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

EXSURCO MEDICAL, INC.

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

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

201126600901



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 22nd day of September,
 A.D. 2011.

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)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 ** Requires an additional fee of \$100 **
<input type="radio"/> No	PO Box 1329 Columbus, OH 43218

**Certificate of Amendment by
Shareholders or Members**
(Domestic)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic For Profit		(2) Domestic Nonprofit	
<input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (126-AMAM)	<input type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation Becther Medical, Inc.

Charter Number 1947393

Name of Officer Timothy J. McNeil

Title Treasurer and Chief Financial Officer

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*nonprofit only*)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*nonprofit amended articles only*)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

2011 SEP 22 PM 4: 08
 CLIENT SERVICE CENTER
 SECRETARY OF STATE

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporation be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Exsurco Medical, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) _____ (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

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

Timothy J. McNeill
 Authorized Representative

9/21/11
 Date

Timothy J. McNeill, Treasurer and
(Print Name)
Chief Financial Officer

 Authorized Representative

 Date

(Print Name)