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U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

(Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒ ⇒ ⇒ To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 2. Name and address of receiving party(ies) 1. Name of conveying party(ies): 10-21-02 Name: Synovis Life Technologies, Inc. Bio-Vascular, Inc. Internal Address:__ Association Individual(s) Street Address: 2575 University Avenue General Partnership Limited Partnership City: St. Paul ____State: MN Zip: 55114 Corporation-State Other MInnesota Corporation Individual(s) citizenship_____ Association____ Additional name(s) of conveying party(ies) attached? Yes V No General Partnership_____ 3. Nature of conveyance: Limited Partnership _____ Corporation-State____Minnesota Assignment Merger ✓ Change of Name Security Agreement If assignee is not domiciled in the United States, a domestic Other_____ representative designation is attached: Yes No (Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No Execution Date: 4. Application number(s) or registration number(s): B. Trademark Registration No.(s) 2008128, A. Trademark Application No.(s) 2008127 Additional number(s) attached Yes 🗸 No 6. Total number of applications and 5. Name and address of party to whom correspondence concerning document should be mailed: registrations involved: Name: Scott Sullivan 7. Total fee (37 CFR 3.41).....\$__65 Internal Address: Fredrikson & Byron Enclosed 4000 Pillsbury Center Authorized to be charged to deposit account Street Address:___ 200 South 6th Street 8. Deposit account number: 061910 City: Minneapolis Zip:55402 State: MN DO NOT USE THIS SPACE 9. Signature. 10/15/02 Scott Sullivan Date Name of Person Signing

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