

OMB No. 0651-0011 (exp. 4/94)

6-18-03 TRA



To the Honorable Commissioner of Patents and T

102479255

nts or copy thereof.

1. Name of conveying party(ies):
Daig Corporation

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-Minnesota
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)
Name: St. Jude Medical, Daig Division, Inc.
Internal Address: _____
Street Address: 14901 DeVeau Place
City: Minnetonka State: MN ZIP: 55345

Individual(s) _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Minnesota
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from Assignment)
 Additional name(s) & address(es) attached Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: February 19, 2002

4. Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,779,585

Additional numbers attached? Yes No

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5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Travis L. Bachman
 Internal Address: Dorsey & Whitney LLP

 Street Address: Suite 1500, 50 South Sixth Street

 City: Minneapolis State: MN ZIP: 55402-1498

6. Total Number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41), \$40.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
04-1420

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Travis L. Bachman
Name of person Signing

Signature

June 16, 2003
Date

Total number of pages comprising cover sheet: 1

OMB No. 0651-0011 (exp. 4/94)

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Mail documents to be recorded with required cover sheet information to:

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State of Minnesota

SECRETARY OF STATE

Certificate of Name Change

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

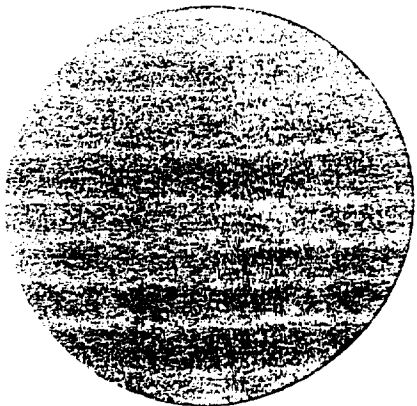
Old Name: Daig Corporation

New Name: St. Jude Medical, Daig Division, Inc.

State of Incorporation: MN

Date Amendment filed: 02/14/2002

This certificate has been issued on 02/19/02.



Mary Kiffmeyer
Secretary of State.

TRADEMARK

REEL: 002760 FRAME: 0297

DORSEY & WHITNEY LLP

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June 16, 2003

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Re: Recordal of Certificate of Name Change
Our File: 22,278

Dear Sir/Madam:

Enclosed herewith in connection with the recordal of registrant's change of name are the following documents:

- Certificate of Change of Name regarding Registration No. 1,779,585;
- Recordation Form Cover Sheet; and
- Check in the amount of \$40.00 to cover the recordal fee.

A return postcard is also enclosed. Please stamp the date of receipt on the card and return it to the undersigned. Charge any additional fees or credit any overpayment to our Deposit Account No. 04-1420.

Sincerely,



Travis L. Bachman

TLB:djt;pjb
Enclosures

RECORDED: 06/18/2003

TRADEMARK
REEL: 002760 FRAME: 0298