

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
Otto Bock U.S., Inc.		05/18/2001	CORPORATION:
RECEIVING PARTY DATA			
Name:	Otto Bock HealthCare North America, Inc.		
Street Address:	2 Carlson Pkwy N, Suite 100		
City:	Plymouth		
State/Country:	MINNESOTA		
Postal Code:	55447		
Entity Type:	CORPORATION:		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	72049117	OTTO BOCK	
CORRESPONDENCE DATA			
Fax Number:	(763)519-9017		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(763) 489-5106		
Email:	stephen.carr@ottobock.com		
Correspondent Name:	Stephen A. Carr		
Address Line 1:	2 Carlson Pkwy N, Suite 100		
Address Line 4:	Plymouth, MINNESOTA 55447		
NAME OF SUBMITTER:	Stephen A. Carr		
Signature:	/Stephen A. Carr/		
Date:	05/22/2009		
Total Attachments: 1			
source=Name Change Amendment OB HC NA Inc#page1.tif			

OP \$40.00 72049117



MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

T-397

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black ink.
2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Otto Bock U.S., Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

The name of the Corporation is Otto Bock HealthCare North America Inc.

Handwritten initials 'SS' with a checkmark

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A . I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

Handwritten signature of authorized person

(Signature of Authorized Person)

Name and telephone number of contact person: Stephen A. Carr (952) 927-4333 Please print legibly

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (651)296-2803.

RETURN TO: Secretary of State, 180 State Office Bldg., 100 Constitution Ave. St. Paul, MN 55155-1299, (651)296-2803

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

MAY 18 2001

Handwritten signature of Secretary of State

08921340 Rev. 10/98

996113

996111

TRADEMARK

RECORDED: 05/22/2009

REEL: 003992 FRAME: 0080