

05-26-1999

RECORDATION FORM COVER SHEET

Docket No.:



# TRADEMARKS ONLY

35124.1000 **D**

101045359

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Flexmedics Corporation

5.10.99

- Individual(s)
- General Partnership
- Corporation-State Minnesota
- Other \_\_\_\_\_

- Association
- Limited Partnership

Additional names(s) of conveying party(ies)  Yes  No

2. Name and address of receiving party(ies):

Name: Phillips Acquisition Co.

Internal Address: \_\_\_\_\_

Street Address: Seven Long Lake Drive

City: Phillips State: WI ZIP: 54555

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation-State Minnesota
- Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic designation is  Yes  N  
(Designations must be a separate document from Additional name(s) & address(es)  Yes  N

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

Execution Date: 1/14/99

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

75/468,484

B. Trademark Registration No.(s)

1,680,772; 1,578,821; 2,127,860  
1,722,927; 2,027,215;

Additional numbers  Yes  No

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

Name: James R. Haller

Internal Address: Fredrikson & Byron, P.A.

1100 International Centre

Street Address: 900 2nd Avenue South

05/25/1999 MTHAI1 00000120 1680772

01 FC:481 40.00 DP  
02 FC:482 Minneapolis 125.00 DP Date: MN ZIP: 55402

6. Total number of applications and registrations involved:.....

**6**

7. Total fee (37 CFR 3.41):.....\$ \$165.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

061910 (authorized to charge deficiency/credit overpaymt)

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.

James R. Haller

Name of Person Signing

*James R. Haller*

Signature

6 May 1999

Date

Total number of pages including cover sheet, attachments, and

**2**

TRADEMARK

REEL: 001901 FRAME: 0138

State of Minnesota

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**SECRETARY OF STATE**

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**CERTIFICATE OF MERGER**

I, Mary Kiffmeyer, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: the entities listed below have merged under the provisions of Minnesota law and have designated the surviving entity listed below. I further certify that the merger documents were filed on and are effective on the dates listed below. I further certify that the ability of the non-surviving participating entities to do business ceased as of the effective date of the merger.

**PARTICIPATING ENTITIES:**

**MN: Phillips Acquisition Co.**

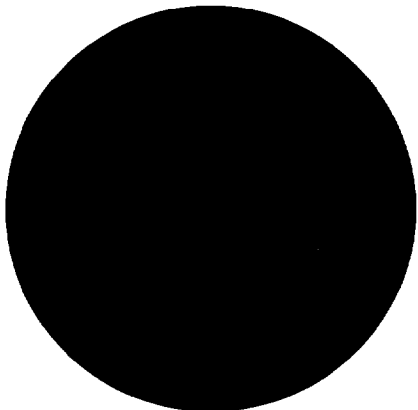
**MN: Flexmedics Corporation**

**SURVIVING ENTITY: Phillips Acquisition Co.**

**FILING DATE: 01/14/1999**

**EFFECTIVE DATE: 01/14/1999**

This certificate has been issued on April 26, 1999.



*Mary Kiffmeyer*  
Secretary of State.