



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

09 DEC 22 PM 4:09

SECRETARY OF STATE
STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filing.

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Smiths Medical North America

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

| Name | Complete Address |
|---------------------------------|---------------------------|
| <u>Smiths Medical ASD, Inc.</u> | <u>1265 Grey Fox Road</u> |
| <u>(C104025)</u> | <u>St. Paul, MN 55112</u> |

3. The general type of business transacted under the assumed business name is:

- | | |
|--|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input checked="" type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input type="checkbox"/> Finance, Insurance, and Real Estate | |

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080
(208) 334-2301

4. The name and address to which future correspondence should be addressed:

1265 Grey Fox Road
St. Paul, MN 55112

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature:
(signature required)

Printed Name: Russ Davies

Capacity/Title: Secretary

(see instruction # 8 on back of form)

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Revised 04/2003

Secretary of State use only

IDAHO SECRETARY OF STATE
12/23/2009 05:00
CK: NONE CT: 221026 BH: 1200465
1 @ 25.00 = 25.00 ASSUM NAME # 2

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