

## Change Of Owner's Address

The table below presents the data as entered.

| Input Field                          | Entered                                                                                                                                                                                      |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SERIAL NUMBER                        | 75542727                                                                                                                                                                                     |
| REGISTRATION NUMBER                  | 2455840                                                                                                                                                                                      |
| LAW OFFICE ASSIGNED                  | LAW OFFICE 115                                                                                                                                                                               |
| MARK SECTION                         |                                                                                                                                                                                              |
| MARK                                 | THERASENSE                                                                                                                                                                                   |
| OWNER SECTION (current)              |                                                                                                                                                                                              |
| NAME                                 | ABBOTT DIABETES CARE INC.                                                                                                                                                                    |
| STREET                               | 100 ABBOTT PARK ROAD                                                                                                                                                                         |
| CITY                                 | ABBOTT PARK                                                                                                                                                                                  |
| STATE                                | Illinois                                                                                                                                                                                     |
| ZIP/POSTAL CODE                      | 60064                                                                                                                                                                                        |
| COUNTRY                              | US                                                                                                                                                                                           |
| CORRESPONDENCE SECTION (current)     |                                                                                                                                                                                              |
| ORIGINAL ADDRESS                     | Mary L. Winburn<br>Abbott Laboratories<br>D377/AP6A<br>100 Abbott Park Road<br>Abbott Park Illinois 60064-6008<br>United States<br>(847) 937-5121<br>(847) 935-6552<br>trademarks@abbott.com |
| NEW OWNER ADDRESS                    |                                                                                                                                                                                              |
| STREET                               | 1420 Harbor Bay Parkway                                                                                                                                                                      |
| CITY                                 | Alameda                                                                                                                                                                                      |
| STATE                                | California                                                                                                                                                                                   |
| ZIP/POSTAL CODE                      | 94502                                                                                                                                                                                        |
| COUNTRY                              | United States                                                                                                                                                                                |
| PHONE                                | 847-937-5121                                                                                                                                                                                 |
| FAX                                  | 847-935-6552                                                                                                                                                                                 |
| NEW CORRESPONDENCE ADDRESS FOR OWNER |                                                                                                                                                                                              |
| NAME                                 | David H. McDonald                                                                                                                                                                            |
| FIRM NAME                            | Abbott Laboratories                                                                                                                                                                          |
| INTERNAL ADDRESS                     | D377/AP6A                                                                                                                                                                                    |
|                                      |                                                                                                                                                                                              |

|                                   |                                                                                                                                       |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>STREET</b>                     | 100 Abbott Park Road                                                                                                                  |
| <b>CITY</b>                       | Abbott Park                                                                                                                           |
| <b>STATE</b>                      | Illinois                                                                                                                              |
| <b>COUNTRY</b>                    | United States                                                                                                                         |
| <b>POSTAL/ZIP CODE</b>            | 60064-6008                                                                                                                            |
| <b>PHONE</b>                      | 847-937-5121                                                                                                                          |
| <b>FAX</b>                        | 847-935-6552                                                                                                                          |
| <b>SIGNATURE SECTION</b>          |                                                                                                                                       |
| <b>SIGNATURE</b>                  | /David H. McDonald/                                                                                                                   |
| <b>SIGNATORY NAME</b>             | David H. McDonald                                                                                                                     |
| <b>SIGNATORY DATE</b>             | 07/16/2010                                                                                                                            |
| <b>SIGNATORY POSITION</b>         | Attorney of record, New York bar member                                                                                               |
| <b>FILING INFORMATION SECTION</b> |                                                                                                                                       |
| <b>SUBMIT DATE</b>                | Fri Jul 16 15:53:46 EDT 2010                                                                                                          |
| <b>TEAS STAMP</b>                 | USPTO/COA-XXX.XX.XX.XXX-2<br>0100716155346891116-78670<br>186-460ed4f7eb4f2415ff23f<br>876af57f84aa4-N/A-N/A-201<br>00716145222006350 |



**UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Trademarks  
P.O. Box 1451  
Alexandria, VA 22313-1451  
[www.uspto.gov](http://www.uspto.gov)

REGISTRATION NO: 2455840 SERIAL NO: 75/542727 MAILING DATE: 06/20/2007  
REGISTRATION DATE: 05/29/2001  
MARK: THERASENSE  
REGISTRATION OWNER: ABBOTT DIABETES CARE INC.

**CORRESPONDENCE ADDRESS:**

Mary L. Winburn  
Abbott Laboratories  
D377/AP6A  
100 Abbott Park Road  
Abbott Park IL 60064-6008

**NOTICE OF ACCEPTANCE**

15 U.S.C. Sec. 1058(a)(1)

THE COMBINED AFFIDAVIT FILED FOR THE ABOVE-IDENTIFIED REGISTRATION MEETS THE REQUIREMENTS OF SECTION 8 OF THE TRADEMARK ACT, 15 U.S.C. Sec. 1058.

**ACCORDINGLY, THE SECTION 8 AFFIDAVIT IS ACCEPTED.**

\*\*\*\*\*

**NOTICE OF ACKNOWLEDGEMENT**

15 U.S.C. Sec. 1065

THE AFFIDAVIT FILED FOR THE ABOVE-IDENTIFIED REGISTRATION MEETS THE REQUIREMENTS OF SECTION 15 OF THE TRADEMARK ACT, 15 U.S.C. Sec. 1065.

**ACCORDINGLY, THE SECTION 15 AFFIDAVIT IS ACKNOWLEDGED.**

\*\*\*\*\*

**THE REGISTRATION WILL REMAIN IN FORCE FOR CLASS(ES):**  
010.

HILL, CATHERINE R  
PARALEGAL SPECIALIST  
POST-REGISTRATION DIVISION  
571-272-9500

**PLEASE SEE THE REVERSE SIDE OF THIS NOTICE FOR INFORMATION  
CONCERNING REQUIREMENTS FOR MAINTAINING THIS REGISTRATION  
ORIGINAL**

#### **REQUIREMENTS FOR MAINTAINING A FEDERAL TRADEMARK REGISTRATION**

##### **I) SECTION 8: AFFIDAVIT OF CONTINUED USE**

The registration shall remain in force for 10 years, except that the registration shall be canceled for failure to file an Affidavit of Continued Use under Section 8 of the Trademark Act, 15 U.S.C. Sec. 1058, at the end of each successive 10-year period following the date of registration.

**Failure to file the Section 8 Affidavit will result in the cancellation of the registration.**

##### **II) SECTION 9: APPLICATION FOR RENEWAL**

The registration shall remain in force for 10 years, subject to the provisions of Section 8, except that the registration shall expire for failure to file an Application for Renewal under Section 9 of the Trademark Act, 15 U.S.C. Sec. 1059, at the end of each successive 10-year period following the date of registration.

**Failure to file the Application for Renewal will result in the expiration of the registration.**

**NO FURTHER NOTICE OR REMINDER OF THESE REQUIREMENTS WILL BE SENT TO THE REGISTRANT BY THE PATENT AND TRADEMARK OFFICE. IT IS RECOMMENDED THAT THE REGISTRANT CONTACT THE PATENT AND TRADEMARK OFFICE APPROXIMATELY ONE YEAR BEFORE THE EXPIRATION OF THE TIME PERIODS SHOWN ABOVE TO DETERMINE APPROPRIATE REQUIREMENTS AND FEES.**

## Combined Declaration of Use and Incontestability Under Sections 8 & 15

The table below presents the data as entered.

| Input Field                          | Entered                   |
|--------------------------------------|---------------------------|
| <b>REGISTRATION NUMBER</b>           | 2455840                   |
| <b>REGISTRATION DATE</b>             | 05/29/2001                |
| <b>SERIAL NUMBER</b>                 | 75542727                  |
| <b>MARK SECTION</b>                  |                           |
| MARK                                 | THERASENSE                |
| <b>OWNER SECTION (current)</b>       |                           |
| NAME                                 | ABBOTT DIABETES CARE INC. |
| STREET                               | 100 ABBOTT PARK ROAD      |
| CITY                                 | ABBOTT PARK               |
| STATE                                | Illinois                  |
| ZIP/POSTAL CODE                      | 60064                     |
| COUNTRY                              | US                        |
| <b>OWNER SECTION (proposed)</b>      |                           |
| NAME                                 | ABBOTT DIABETES CARE INC. |
| STREET                               | 100 ABBOTT PARK ROAD      |
| CITY                                 | ABBOTT PARK               |
| STATE                                | Illinois                  |
| ZIP/POSTAL CODE                      | 60064                     |
| COUNTRY                              | US                        |
| EMAIL                                | XXXX                      |
| AUTHORIZED TO COMMUNICATE VIA E-MAIL | Yes                       |
| <b>ATTORNEY SECTION (current)</b>    |                           |
| NAME                                 | ANDREW P. BRIDGES         |
| FIRM NAME                            | Abbott Laboratories       |
| STREET                               | 100 Abbott Park Road      |
| CITY                                 | Abbott Park               |
| STATE                                | Illinois                  |
| ZIP/POSTAL CODE                      | 60064                     |
| COUNTRY                              | United States             |
| PHONE                                | (847) 937-5121            |
| FAX                                  | (847) 935-6552            |
|                                      |                           |

|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EMAIL                                                    | trademarks@abbott.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| DOCKET NUMBER                                            | 18387-TM1001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>ATTORNEY SECTION (proposed)</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NAME                                                     | Mary L. Winburn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FIRM NAME                                                | Abbott Laboratories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| INTERNAL ADDRESS                                         | D377/AP6A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| STREET                                                   | 100 Abbott Park Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CITY                                                     | Abbott Park                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| STATE                                                    | Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| ZIP/POSTAL CODE                                          | 60064-6008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| COUNTRY                                                  | United States                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PHONE                                                    | (847) 937-5121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FAX                                                      | (847) 935-6552                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| EMAIL                                                    | trademarks@abbott.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| AUTHORIZED TO COMMUNICATE VIA E-MAIL                     | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| DOCKET NUMBER                                            | T46542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| OTHER APPOINTED ATTORNEY(S)                              | Cheryl L. Becker, Reg. #35,441; Thomas D. Brainard, Reg. #32,459; Dianne Casuto, Reg. #40,943; Portia Chen, Reg. #44,075; John D. Conway, Reg. #39,150; Johanna M. Corbin, Reg. #51,582; Andreas M. Danckers, Reg. #32,652; Robert DeBerardine, Reg. #32,853; Mimi C. Goller, Reg. #39,046; Nicole D. Hickey; Patricia C. James, Reg. #37,155; William E. Murray, Reg. #30,303; Gregory W. Steele, Reg. #33,796; Beth A. Vrioni, Reg. #39,869; Michael W. Ward, Reg. #37,960; Allen W. Wark, Reg. #30,503; David L. Weinstein, Reg. #28,128; Mary L. Winburn; Kenneth Zwicker, Reg. #43,310 |
| <b>GOODS AND/OR SERVICES SECTION</b>                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| INTERNATIONAL CLASS                                      | 010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FILING COVERS <b>ALL</b> GOODS OR SERVICES IN THIS CLASS | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SPECIMEN FILE NAME(S)                                    | <a href="#">\TICRS2\EXPORT13\755\427\75542727.xml\8150002.JP G</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SPECIMEN DESCRIPTION                                     | Scanned product package                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>PAYMENT SECTION</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NUMBER OF CLASSES                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NUMBER OF CLASSES PAID                                   | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SUBTOTAL AMOUNT                                          | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL AMOUNT                                             | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>SIGNATURE SECTION</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SIGNATURE                                                | /Mary L. Winburn/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SIGNATORY'S NAME                                         | Mary L. Winburn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SIGNATORY'S POSITION                                     | Senior Counsel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| DATE SIGNED                                              | 05/17/2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                           |                                                                                                                                          |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| PAYMENT METHOD            | DA                                                                                                                                       |
| <b>FILING INFORMATION</b> |                                                                                                                                          |
| SUBMIT DATE               | Mon May 21 16:47:27 EDT 2007                                                                                                             |
| TEAS STAMP                | USPTO/S08N15-XXX.XX.XX.XX<br>X-20070521164727960712-24<br>55840-3702e9af3ec39f44585<br>deb4f615f5b4e7aa-DA-7389-<br>20070517172133171784 |

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## Combined Declaration of Use and Incontestability Under Sections 8 & 15

### To the Commissioner for Trademarks:

**REGISTRATION NUMBER:** 2455840

**REGISTRATION DATE:** 05/29/2001

**MARK:** THERASENSE

The owner, ABBOTT DIABETES CARE INC., having an address of 100 ABBOTT PARK ROAD, ABBOTT PARK, Illinois US 60064, is filing a Combined Declaration of Use and Incontestability Under Sections 8 & 15.

For International Class 010, the owner, or its related company, is using the mark in commerce on or in connection with **all** goods or services listed in the existing registration for this class; and, the owner, or its related company, has continuously used the mark in commerce for five (5) consecutive years after the date of registration, or the date of publication under Section 12(c), and is still using the mark in commerce on or in connection with **all** goods or services listed in the existing registration for this class. Also, there has been no final decision adverse to the owner's claim of ownership of such mark for those goods or services, or to the owner's right to register the same or to keep the same on the register; and, there is no proceeding involving said rights pending and not disposed of in either the U.S. Patent and Trademark Office or the courts.

The owner is submitting one specimen for this class showing the mark as used in commerce on or in connection with any item in this class, consisting of a(n) Scanned product package.

[Specimen-1](#)

The registrant hereby appoints Mary L. Winburn and Cheryl L. Becker, Reg. #35,441; Thomas D. Brainard, Reg. #32,459; Dianne Casuto, Reg. #40,943; Portia Chen, Reg. #44,075; John D. Conway, Reg. #39,150; Johanna M. Corbin, Reg. #51,582; Andreas M. Danckers, Reg. #32,652; Robert DeBerardine, Reg. #32,853; Mimi C. Goller, Reg. #39,046; Nicole D. Hickey; Patricia C. James, Reg. #37,155; William E. Murray, Reg. #30,303; Gregory W. Steele, Reg. #33,796; Beth A. Vrioni, Reg. #39,869; Michael W. Ward, Reg. #37,960; Allen W. Wark, Reg. #30,503; David L. Weinstein, Reg. #28,128; Mary L. Winburn; Kenneth Zwicker, Reg. #43,310 of Abbott Laboratories, D377/AP6A, 100 Abbott Park Road, Abbott Park, Illinois United States 60064-6008 to file this Combined Declaration of Use and Incontestability Under Sections 8 & 15 on behalf of the registrant. The attorney docket/reference number is T46542.

A fee payment in the amount of \$300 will be submitted with the form, representing payment for 1 class(es), plus any additional grace period fee, if necessary.

### Declaration

*The owner, or its related company, is using the mark in commerce on or in connection with the goods and/or services identified above, as evidenced by the attached specimen(s) showing the mark as used in commerce. The owner, or its related company, has continuously used the mark in commerce on or in connection with the goods and/or services identified above, for five (5) consecutive years after the date of registration, or the date of publication under Section 12(c), and is still using the mark in commerce on or in connection with the identified goods and/or services. There has been no final decision adverse to the owner's claim of ownership of such mark for such goods and/or services, or to the owner's right to register the same or to keep the same on the register; and there is no proceeding involving said rights pending and not disposed of either in the U.S. Patent and Trademark Office or in the courts.*

The undersigned being hereby warned that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. Section 1001, and that such willful false statements and the like may jeopardize the validity of this document, declares that he/she is properly authorized to execute this document on behalf of the Owner; and all statements made of his/her own knowledge are true and that all statements made on information and belief are believed to be true.

Signature: /Mary L. Winburn/ Date: 05/17/2007

Signatory's Name: Mary L. Winburn

Signatory's Position: Senior Counsel

Mailing Address:

Abbott Laboratories  
100 Abbott Park Road

Abbott Park, Illinois 60064

Mailing Address:

Abbott Laboratories  
100 Abbott Park Road  
Abbott Park, Illinois 60064-6008

Serial Number: 75542727

Internet Transmission Date: Mon May 21 16:47:27 EDT 2007

TEAS Stamp: USPTO/S08N15-XXX.XX.XX.XXX-2007052116472

7960712-2455840-3702e9af3ec39f44585deb4f

615f5b4e7aa-DA-7389-20070517172133171784

We're here to help.  
24-hours a day, 7-days a week.  
If you have any questions about  
your FreeStyle Blood Glucose  
Monitoring System, please call us,  
toll-free, at 1-888-522-5226 (se habla  
español). Or visit our web site at  
[www.therasense.com](http://www.therasense.com)

30-day money-back guarantee  
5-year warranty



- FreeStyle Blood Glucose Meter With Battery
- 10 FreeStyle Test Strips
- FreeStyle Lancing Device
- 10 Sterile FreeStyle Lancets
- FreeStyle Control Solution
- Compact Carrying Case
- 8-Month Personal Logbook
- Step-by-Step Owner's Booklet
- Getting Started Guide
- Quick Reference Guide
- Warranty/Registration Card

NDC: 99073-0110-01

CAT ID: 11001-0

S/N: V-F239-31565

LOT NO: F247A4

EXP. DATE: 02/2008



It will  
change  
the way  
you feel  
about  
testing.

ACTUAL  
SIZE



# FreeStyle®

Blood Glucose Monitoring System

**ROUTING SHEET TO POST REGISTRATION (PRU)****Registration Number:** 2455840**Serial Number:** 75542727**RAM Sale Number:** 7389**RAM Accounting Date:** 20070522**Total Fees:** \$300

Note: Process in accordance with Post Registration Standard Operating Procedure (SOP)

| <u>Transaction</u> | <u>Fee Code</u> | <u>Transaction Date</u> | <u>Fee per Class</u> | <u>Number of Classes</u> | <u>Number of Classes Paid</u> | <u>Total Fee</u> |
|--------------------|-----------------|-------------------------|----------------------|--------------------------|-------------------------------|------------------|
| §8 affidavit       | 7205            | 20070521                | \$100                | 1                        | 1                             | \$100            |
| §15 affidavit      | 7208            | 20070521                | \$200                | 1                        | 1                             | \$200            |

Physical Location: 900 - FILE REPOSITORY (FRANCONIA)

Lost Case Flag: False

In TICS (AM-FLG-IN-TICS): True

**Transaction Date:** 20070521

We're here to help.  
24-hours a day, 7-days a week.  
If you have any questions about  
your FreeStyle Blood Glucose  
Monitoring System, please call us,  
toll-free, at 1-888-522-5226 (se habla  
español). Or visit our web site at  
[www.therasense.com](http://www.therasense.com)

30-day money-back guarantee  
5-year warranty



- FreeStyle Blood Glucose Meter With Battery
- 10 FreeStyle Test Strips
- FreeStyle Lancing Device
- 10 Sterile FreeStyle Lancets
- FreeStyle Control Solution
- Compact Carrying Case
- 8-Month Personal Logbook
- Step-by-Step Owner's Booklet
- Getting Started Guide
- Quick Reference Guide
- Warranty/Registration Card

NDC: 99073-0110-01

CAT ID: 11001-0

S/N: V-F239-31565

LOT NO: F247A4

EXP. DATE: 02/2008



It will  
change  
the way  
you feel  
about  
testing.

ACTUAL  
SIZE



# FreeStyle®

Blood Glucose Monitoring System

# TRADE MARK EXAMINATION WORKSHEET

☒ AMENDMENT STAGE

☐ NO CHANGE

☐ PUBLICATION/REGISTRATION STAGE

Name **Keisha Moore**

L.O.

**111**

Date

**MAR 27 2001**

Serial No.

**75542729**

INSTRUCTIONS: Place a check mark in the appropriate column and/or box to indicate which data elements have been amended/coded.

## Legal Instrument Examiner (LIE)

|                          | Amended                             | Data Element                         |
|--------------------------|-------------------------------------|--------------------------------------|
| <b>Class Data</b>        | <input type="checkbox"/>            | Prime/International Class            |
|                          | <input type="checkbox"/>            | Goods and Services                   |
|                          | <input type="checkbox"/>            | First Use Date                       |
|                          | <input type="checkbox"/>            | First Use in Commerce Date           |
| <b>Mark Data</b>         | <input type="checkbox"/>            | In Another Form                      |
|                          | <input type="checkbox"/>            | Certification                        |
|                          | <input type="checkbox"/>            | 1b                                   |
|                          | <input checked="" type="checkbox"/> | Word Mark                            |
| <b>Misc. Mark Data</b>   | <input type="checkbox"/>            | Pseudo Mark                          |
|                          | <input type="checkbox"/>            | Mark Drawing Code                    |
|                          | <input checked="" type="checkbox"/> | Design Search Code                   |
| <b>Section 2(f)</b>      | <input type="checkbox"/>            | Scan Sub Drawing                     |
|                          | <input type="checkbox"/>            | Mark Description                     |
|                          | <input type="checkbox"/>            | Disclaimer                           |
| <b>Foreign Reg. Data</b> | <input type="checkbox"/>            | Lining/Stippling                     |
|                          | <input type="checkbox"/>            | Name/Portrait/Consent                |
|                          | <input type="checkbox"/>            | Translation                          |
|                          | <input type="checkbox"/>            | Section 2(f) Entire Mark             |
|                          | <input type="checkbox"/>            | Section 2(f) Limitation Statement    |
| <b>Owner Data</b>        | <input type="checkbox"/>            | Section 2(f) in Part                 |
|                          | <input type="checkbox"/>            | Amended Register                     |
|                          | <input type="checkbox"/>            | Amended Register Date                |
|                          | <input type="checkbox"/>            | Foreign Country                      |
|                          | <input type="checkbox"/>            | 44(d)                                |
|                          | <input type="checkbox"/>            | Foreign Application Number           |
| <b>Amd/Corr Restr.</b>   | <input type="checkbox"/>            | Foreign Registration Number          |
|                          | <input type="checkbox"/>            | Foreign Application Filing Date      |
|                          | <input type="checkbox"/>            | Foreign Registration Date            |
|                          | <input type="checkbox"/>            | Foreign Registration Expiration Date |
|                          | <input type="checkbox"/>            | Foreign Renewal Reg. Number          |
| <b>Prior U.S. Reg.</b>   | <input type="checkbox"/>            | Foreign Reg. Renewal Expiration Date |
|                          | <input type="checkbox"/>            | Foreign Renewal Reg. Date            |
|                          | <input type="checkbox"/>            | Owner Name                           |
| <b>Correspondence</b>    | <input type="checkbox"/>            | DBA/AKA/TA                           |
|                          | <input type="checkbox"/>            | Address 1                            |
|                          | <input type="checkbox"/>            | Address 2                            |
|                          | <input type="checkbox"/>            | City                                 |
|                          | <input type="checkbox"/>            | State                                |
|                          | <input type="checkbox"/>            | Zip Code                             |
|                          | <input type="checkbox"/>            | Citizenship                          |
| <input type="checkbox"/> | Entity                              |                                      |
| <b>Other:</b>            | <input type="checkbox"/>            | Entity Statement                     |
|                          | <input type="checkbox"/>            | Composed of                          |
|                          | <input type="checkbox"/>            | Assignment(s)/Name Change            |
| <b>Correspondence</b>    | <input type="checkbox"/>            | Concurrent Use                       |
|                          | <input type="checkbox"/>            | Prior Registration                   |
|                          | <input checked="" type="checkbox"/> | Attorney                             |
| <b>Correspondence</b>    | <input type="checkbox"/>            | Domestic Representative              |
|                          | <input type="checkbox"/>            | Attorney Docket Number               |
| <b>Correspondence</b>    | <input type="checkbox"/>            | Correspondence Firm Name/Address     |

I certify that all corrections have been entered in accordance with text editing guidelines.

**KLM**

LIE

**3/27/2001**

DATE

Other:



09-05-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #01

ITU

FIRST REQUEST FOR EXTENSION OF TIME TO FILE A STATEMENT OF USE  
(15 U.S.C. §1051(d))

To The Assistant Commissioner for Trademarks:

Mark: THERASENSE  
Serial No.: 75/542727  
Attorney Reference No.: 18387-TM1001

Applicant Information: Therasense, Inc.  
1360 South Loop Road  
Alameda, CA 94502

EXT REQ GRANTED  
11-3-0000

Notice of Allowance  
Mailing Date: May 2, 2000

The owner has a continued bona fide intention to use the mark in commerce on or in connection with all the goods and/or services listed in the Notice of Allowance.

This is the first Request for Extension of Time following the mailing of the Notice of Allowance.

Fee Information: \$150.00 x 1 Class(es) = \$ 100.00

The Applicant encloses a check made payable to the "Assistant Commissioner for Trademarks" in the amount of \$150.00 as the fee for this filing. As stated in the cover letter accompanying this request, please charge Deposit Account No. 23-2415 ATTN: 18387-TM1001 if the enclosed fee is insufficient.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 09/07/2000 THINTON 00000092 75542727                                                                                                                                                                                                            |                                    |
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                                    |
| Print Name<br>Suet W. Tam                                                                                                                                                                                                                       | Date of Deposit<br>August 31, 2000 |
| Signature<br><i>[Signature]</i>                                                                                                                                                                                                                 | Date<br>8-31-00                    |

01 FC:364 150.00 OP

Applicant is the owner of the mark sought to be registered and has a continued bona fide intention to use the mark in commerce on or in connection with all the goods and/or services listed in the Notice of Allowance. Applicant requests a six-month extension of time to ~~file~~ the Statement of Use under 37 C.F.R. 2.89.

# DECLARATION

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements and the like may jeopardize the validity of this document, declares that he/she is properly authorized to execute this document on behalf of the Owner; and all statements made of his/her own knowledge are true and that all statements made on information and belief are believed to be true.

Date: 8/28/00, 2000\_

By:   
Name: Mark Lortz  
Title: President and CEO

## Contact Information:

Andrew P. Bridges  
John C. Nishi  
Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Telephone: (650) 493-9300



Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

August 31, 2000

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

Re: Mark: THERASENSE  
Application No.: 75/542727  
Filed: August 25, 1998  
Notice of Allowance: May 2, 2000  
Class: International Class No. 10  
Applicant: Therasense, Inc.  
Attorney Docket No.: 18387-TM1001

09-05-2000  
U.S. Patent & TMO/c/TM Mail Rpt Dt. #01

Dear Assistant Commissioner:

Enclosed for immediate processing is a Request For Extension Of Time To File A Statement Of Use for the mark THERASENSE for Therasense, Inc.

The required filing fee is enclosed for the Request for Extension of Time in the form of a check for \$150.00 made payable to the "Assistant Commissioner for Trademarks." The Commissioner is authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 23-2415 ATTN: 18387-TM1001. A copy of this cover letter is enclosed for accounting purposes.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                                           |
| Print Name<br><u>Shet W. Tam</u>                                                                                                                                                                                                                | Date of Deposit<br><u>August 31, 2000</u> |
| Signature<br><u>[Signature]</u>                                                                                                                                                                                                                 | Date<br><u>8-31-00</u>                    |

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsgr.com  
PALO ALTO • KIRKLAND • AUSTIN • SAN FRANCISCO • McLEAN



5/2/00  
Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

August 31, 2000

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513



09-05-2000  
U.S. Patent & TMO/TM Mail Rpt Dt. #01



09-05-2000  
U.S. Patent & TMO/TM Mail Rpt Dt. #01

|            |                             |                                   |
|------------|-----------------------------|-----------------------------------|
| <b>Re:</b> | <b>Mark:</b>                | <b>THERASENSE</b>                 |
|            | <b>Application No.:</b>     | <b>75/542727</b>                  |
|            | <b>Filed:</b>               | <b>August 25, 1998</b>            |
|            | <b>Notice of Allowance:</b> | <b>May 2, 2000</b>                |
|            | <b>Class:</b>               | <b>International Class No. 10</b> |
|            | <b>Applicant:</b>           | <b>Therasense, Inc.</b>           |
|            | <b>Attorney Docket No.:</b> | <b>18387-TM1001</b>               |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
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| Print Name                                                                                                                                                                                                                                      | <u>Shet W. Tam</u>     |
| Signature                                                                                                                                                                                                                                       | <u>[Signature]</u>     |
| Date of Deposit                                                                                                                                                                                                                                 | <u>August 31, 2000</u> |
| Date                                                                                                                                                                                                                                            | <u>8-31-00</u>         |

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Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
August 31, 2000  
Page 2

Please direct all future communications regarding the enclosed Request for Extension of Time,  
and regarding the application in general, to counsel for the applicant:

Andrew P. Bridges  
John C. Nishi  
Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Telephone: (650) 493-9300

I would appreciate your acknowledging receipt of the above described Request For Extension Of  
Time and filing fee by stamping the enclosed post card with the date received and returning it to me.

Thank you for your prompt attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



Liza Garibaldi  
Trademark Paralegal

Enclosure

cc: Andrew P. Bridges (w/encl.)  
John C. Nishi (w/encl.)

JFWC\NRPORTBL\PALIB\LG5\1226981\_1.DOC

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
August 31, 2000  
Page 2

Please direct all future communications regarding the enclosed Request for Extension of Time, and regarding the application in general, to counsel for the applicant:

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John C. Nishi  
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Telephone: (650) 493-9300

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WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



Liza Garibaldi  
Trademark Paralegal

Enclosure

cc: Andrew P. Bridges (w/encl.)  
John C. Nishi (w/encl.)

JFWC\NRPORTBL\PALIB\LG5\1226981\_1.DOC

U.S. Patent and Trademark Office (PTO)  
**NOTICE OF ALLOWANCE**

(NOTE: If any data on this notice is incorrect, please submit a written request for correction of the NOA to: Assistant Commissioner for Trademarks, Box ITU, 2900 Crystal Drive, Arlington, VA 22202-3513. Please include the serial number of your application on ALL correspondence with the PTO. 15 U.S.C. 1063(b)(2))

ISSUE DATE OF NOA: May 2, 2000

ANDREW P BRIDGES  
WILSON SONSINI GOODRICH & ROSATI  
650 PAGE MILL RD  
PALO ALTO CA 94304-1050

ATTORNEY  
REFERENCE NUMBER  
18387-TM1001

**\*\* IMPORTANT INFORMATION: 6 MONTH DEADLINE \*\***

To avoid ABANDONMENT of this application, either a "Statement of Use" (a.k.a. "Allegation of Use") or a "Request for Extension of Time to File a Statement of Use" (a.k.a. "Extension Request") and the appropriate fee(s) must be received in the PTO within six months of the issue date of this Notice Of Allowance (NOA) for those goods and/or services based on intent to use. Failure to do so will result in the ABANDONMENT of this application.

Please note that both the "Statement of Use" and "Extension Request" have many legal requirements, including fees. These requirements are explained in the PTO booklet "Basic Facts About Trademarks", which can be obtained upon request at (703)308-9000. In addition, there are printed forms contained in this booklet (for "Statements of Use" and "Extension Requests") for your use.

**The following information should be reviewed for accuracy:**

SERIAL NUMBER: 75/542727  
MARK: THERASENSE  
OWNER: Therasense, Inc.  
1311 Harbor Bay Parkway, Suite 1000  
Alameda, CALIFORNIA 94502

This application has the following bases, but not necessarily for all listed goods/services:  
Section 1(a): NO      Section 1(b): YES      Section 44(e): NO

**GOODS/SERVICES BY INTERNATIONAL CLASS**

010-medical equipment, namely, sensors for measuring blood glucose levels, and sensors for biotechnology applications

ALL OF THE GOODS/SERVICES IN EACH CLASS ARE LISTED



**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

ASSISTANT COMMISSIONER FOR TRADEMARKS  
2900 Crystal Drive  
Arlington, Virginia 22202-3513

Jan 7, 2000

**NOTICE OF PUBLICATION UNDER 12(a)**

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| 1. Serial No.:<br>75/542,727        | 2. Mark:<br>THERASENSE            |
| 3. International Class(es):<br>10   |                                   |
| 4. Publication Date:<br>Feb 8, 2000 | 5. Applicant:<br>Therasense, Inc. |

The mark of the application identified appears to be entitled to registration. The mark will, in accordance with Section 12(a) of the Trademark Act of 1946, as amended, be published in the Official Gazette on the date indicated above for the purpose of opposition by any person who believes he will be damaged by the registration of the mark. If no opposition is filed within the time specified by Section 13(a) of the Statute or by rules 2.101 or 2.102 of the Trademark Rules, the Commissioner of Patents and Trademarks may issue a notice of allowance pursuant to section 13(b) of the Statute.

Copies of the trademark portion of the Official Gazette containing the publication of the mark may be obtained at \$38.00 each for domestic orders, or at \$47.50 each for foreign orders from:

The Superintendent of Documents  
U.S. Government Printing Office  
PO Box 371954  
Pittsburgh, PA 15250-7954  
Phone: (202)512-1800

By direction of the Commissioner.

ANDREW P BRIDGES  
WILSON SONSINI GOODRICH & ROSATI  
650 PAGE MILL RD  
PALO ALTO CA 94304-1050

TMP&I

☐ AMENDMENT STAGE

☒ CHANGE

☒ PUBLIC. ON/REGISTRATION STAGE

Name: SYLVIA HAMMETT

L.O. 115

Date

12/22/99

Serial No.

75-342727

INSTRUCTIONS: Place a check mark in the appropriate column and/or box to indicate which data elements have been amended/coded.

**Legal Instrument Examiner (LIE)**

|                   | Amended                  | Data Element                                                  |
|-------------------|--------------------------|---------------------------------------------------------------|
| Class Data        | <input type="checkbox"/> | <input type="checkbox"/> Prime/International Class            |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Goods and Services                   |
|                   | <input type="checkbox"/> | <input type="checkbox"/> First Use Date                       |
|                   | <input type="checkbox"/> | <input type="checkbox"/> First Use in Commerce Date           |
| Mark Data         | <input type="checkbox"/> | <input type="checkbox"/> In Another Form                      |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Certification                        |
|                   | <input type="checkbox"/> | <input type="checkbox"/> 1b                                   |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Word Mark                            |
| Misc. Mark Data   | <input type="checkbox"/> | <input type="checkbox"/> Pseudo Mark                          |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Mark Drawing Code                    |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Design Search Code                   |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Sizing/Lining Code                   |
| Section 2(f)      | <input type="checkbox"/> | <input type="checkbox"/> Mark Description                     |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Disclaimer                           |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Lining/Stippling                     |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Name/Portrait/Consent                |
| Foreign Reg. Data | <input type="checkbox"/> | <input type="checkbox"/> Translation                          |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Section 2(f) Entire Mark             |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Section 2(f) Limitation Statement    |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Section 2(f) in Part                 |
| Owner Data        | <input type="checkbox"/> | <input type="checkbox"/> Amended Register                     |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Amended Register Date                |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Country                      |
|                   | <input type="checkbox"/> | <input type="checkbox"/> 44(d)                                |
| Amend/Corr Restr. | <input type="checkbox"/> | <input type="checkbox"/> Foreign Application Number           |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Application Filing Date      |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Registration Number          |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Registration Date            |
| Prior U.S. Reg.   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Registration Expiration Date |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Renewal Reg. Number          |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Reg. Renewal Expiration Date |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Foreign Renewal Reg. Date            |
| Correspondence    | <input type="checkbox"/> | <input type="checkbox"/> Owner Name                           |
|                   | <input type="checkbox"/> | <input type="checkbox"/> DBA/AKA/TA                           |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Address 1                            |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Address 2                            |
| Correspondence    | <input type="checkbox"/> | <input type="checkbox"/> City                                 |
|                   | <input type="checkbox"/> | <input type="checkbox"/> State/Country                        |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Zip Code                             |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Citizenship                          |
| Correspondence    | <input type="checkbox"/> | <input type="checkbox"/> Entity                               |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Entity Statement                     |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Composed of                          |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Assignment(s)/Name Change            |
| Correspondence    | <input type="checkbox"/> | <input type="checkbox"/> Concurrent Use                       |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Prior Registration                   |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Attorney                             |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Domestic Representative              |
| Correspondence    | <input type="checkbox"/> | <input type="checkbox"/> Attorney Docket Number               |
|                   | <input type="checkbox"/> | <input type="checkbox"/> Correspondence Firm Name/Address     |

Certify that all corrections have been entered in accordance with text editing guidelines.

SYLVIA HAMMETT  
LIE

12/22/99  
DATE

ther:

**TI MARK EXAMINATION WORK**

☒ AMENDMENT STAGE      ☐ NO CHANGE      ☐ PUBLICATION/REGISTRATION STAGE

Name: **KEISHA MOORE**      L.O. 111      Date NOV 2 1999      Serial No. 75542727

| INSTRUCTIONS: Place a check mark in the appropriate column and/or box to indicate which data elements have been amended/coded.                                                      |                                     |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Legal Instrument Examiner (LIE)</b>                                                                                                                                              |                                     |                                                                                                                    |
|                                                                                                                                                                                     | Amended                             | Data Element                                                                                                       |
| <b>Class Data</b>                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> Prime/International Class <input checked="" type="checkbox"/> Goods and Services          |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> First Use Date <input type="checkbox"/> First Use in Commerce Date                        |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> In Another Form <input type="checkbox"/> Certification                                    |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> 1b                                                                                        |
| <b>Mark Data</b>                                                                                                                                                                    |                                     | <input type="checkbox"/> Word Mark <input type="checkbox"/> Pseudo Mark                                            |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Mark Drawing Code <input type="checkbox"/> Design Search Code                             |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Sizing/Lining Code                                                                        |
| <b>Misc. Mark Data</b>                                                                                                                                                              |                                     | <input type="checkbox"/> Mark Description <input type="checkbox"/> Disclaimer                                      |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Lining/Stippling <input type="checkbox"/> Name/Portrait/Consent                           |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Translation                                                                               |
| <b>Section 2(f)</b>                                                                                                                                                                 |                                     | <input type="checkbox"/> Section 2(f) Entire Mark                                                                  |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Section 2(f) Limitation Statement <input type="checkbox"/> Section 2(f) in Part           |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Amended Register <input type="checkbox"/> Amended Register Date                           |
| <b>Foreign Reg. Data</b>                                                                                                                                                            |                                     | <input type="checkbox"/> Foreign Country <input type="checkbox"/> 44(d)                                            |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Foreign Application Number <input type="checkbox"/> Foreign Application Filing Date       |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Foreign Registration Number <input type="checkbox"/> Foreign Registration Date            |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Foreign Registration Expiration Date <input type="checkbox"/> Foreign Renewal Reg. Number |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Foreign Reg. Renewal Expiration Date <input type="checkbox"/> Foreign Renewal Reg. Date   |
| <b>Owner Data</b>                                                                                                                                                                   |                                     | <input type="checkbox"/> Owner Name <input type="checkbox"/> DBA/AKA/TA                                            |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2                                              |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> City <input type="checkbox"/> State                                                       |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Zip Code                                                                                  |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Citizenship <input type="checkbox"/> Entity                                               |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Entity Statement <input type="checkbox"/> Composed of                                     |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Assignment(s)/Name Change                                                                 |
| <b>Amd/Corr Restr.</b>                                                                                                                                                              |                                     | <input type="checkbox"/> Concurrent Use                                                                            |
| <b>Prior U.S. Reg.</b>                                                                                                                                                              |                                     | <input type="checkbox"/> Prior Registration                                                                        |
| <b>Correspondence</b>                                                                                                                                                               |                                     | <input type="checkbox"/> Attorney <input type="checkbox"/> Domestic Representative                                 |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Attorney Docket Number                                                                    |
|                                                                                                                                                                                     |                                     | <input type="checkbox"/> Correspondence Firm Name/Address                                                          |
| I certify that all corrections have been entered in accordance with text editing guidelines.                                                                                        |                                     |                                                                                                                    |
| <div style="display: flex; justify-content: space-between;"> <div> <u>          KLM          </u><br/>LIE </div> <div> <u>          NOV 2 1999          </u><br/>DATE </div> </div> |                                     |                                                                                                                    |
| Other: _____                                                                                                                                                                        |                                     |                                                                                                                    |
| _____                                                                                                                                                                               |                                     |                                                                                                                    |
| _____                                                                                                                                                                               |                                     |                                                                                                                    |

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION



10-18-1999

U.S. Patent & TMO/c/TM Mail Rcpt Dt. #26

October 14, 1999

TRADEMARK LAW OFFICE 15  
Serial Number: 75/542727  
Mark: THERASENSE

\*\*Please Place on Upper Right Corner\*\*  
\*\*of Response to Office Action ONLY \*\*



Box RESPONSES NO FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, Virginia 22202-3513

PALO ALTO

Re: Application serial no.: 75/542727  
Mark: THERASENSE  
Filing Date: August 25, 1998  
Applicant: Therasense, Inc.  
Mailing Date: April 14, 1999  
Examining Attorney: Alicia P. Collins, Law Office 115  
Reference no.: 18387 TM-1001

KIRKLAND

AUSTIN

RESPONSE TO OFFICE ACTION NO. 1

The Applicant hereby responds to Office Action No. 1 mailed on April 14, 1999.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                 |
| Laureen Stephens                                                                                                                                                                                                                                | 10-14-99        |
| Print Name                                                                                                                                                                                                                                      | Date of Deposit |
|                                                                                                                                                                                                                                                 | 10-14-99        |
| Signature                                                                                                                                                                                                                                       | Date            |



10-18-1999  
U.S. Patent & TMO/c/TM Mail Rpt Dt: #26

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

October 14, 1999

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Mark: THERASENSE

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\*\*of Response to Office Action ONLY \*\*



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Applicant: Therasense, Inc.  
Mailing Date: April 14, 1999  
Examining Attorney: Alicia P. Collins, Law Office 115  
Reference no.: 18387 TM-1001

RECEIVED

1999 OCT 20 P 12:33

TMEO  
LAW OFFICE 115

**RESPONSE TO OFFICE ACTION NO. 1**

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**CERTIFICATE OF MAILING UNDER  
37 C.F.R. §1.8(a)**

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|            |                  |                 |          |
|------------|------------------|-----------------|----------|
| Print Name | Laureen Stephens | Date of Deposit | 10-14-99 |
| Signature  |                  | Date            | 10-14-99 |

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

Assistant Commissioner for Trademarks  
October 14, 1999  
Page 2

**I. Procedural Issues: Recitation of Goods**

The Examining Attorney has objected to the recitation of goods as indefinite. In addition, the Examining Attorney recommends that the goods should be classified in International Class 10 if the goods are medical equipment. Indeed, they are. Accordingly, Applicant amends the identification of goods in its application by deleting the current identification in its entirety and replacing it with the following, in Class 10:

Class 10

Medical equipment, namely, sensors for measuring blood glucose levels, and sensors for biotechnology applications.

**II. Conclusion**

By the foregoing, Applicant has amended the identification of goods in Class 10 by more specifically defining the goods rendered under the mark and by deleting "apparatus for the delivery or measurement of pharmaceuticals." Accordingly, Applicant submits that this application is in proper condition for publication, and respectfully requests that the application be forwarded.

Respectfully Submitted,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



Alexander S. Pesic  
Attorneys for Applicant

JCNC\NRPORTBL\PALIB1\LRS\1091033.1

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

Assistant Commissioner for Trademarks  
October 14, 1999  
Page 2

**I. Procedural Issues: Recitation of Goods**

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Class 10

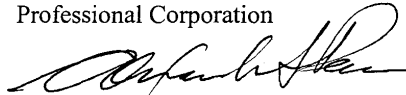
Medical equipment, namely, sensors for measuring blood glucose levels, and sensors for biotechnology applications.

**II. Conclusion**

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Respectfully Submitted,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



Alexander S. Pesic  
Attorneys for Applicant

JCNC\NRPORTBL\PALIB\LRS\1091033.1

**UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office**

|                                                                                                                       |  |                                      |                                 |                                                                                                                                                                                                                                                   |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <b>SERIAL NO.</b><br>75/542727 <b>Therasense, Inc.</b>                                                                |  | <b>APPLICANT</b>                     |                                 | <b>PAPER NO.</b>                                                                                                                                                                                                                                  |                                                                                         |
| <b>MARK</b><br>THERASENSE                                                                                             |  |                                      |                                 | <b>ADDRESS:</b><br>Assistant Commissioner<br>for Trademarks<br>2900 Crystal Drive<br>Arlington, VA 22202-3513                                                                                                                                     |                                                                                         |
| <b>ADDRESS</b><br>ANDREW P BRIDGES<br>WILSON SONSINI GOODRICH & ROSATI<br>650 PAGE MILL RD<br>PALO ALTO CA 94304-1050 |  |                                      | <b>ACTION NO.</b><br>10         |                                                                                                                                                                                                                                                   | If no fees are enclosed, the address should include the words "Box Responses - No Fee." |
|                                                                                                                       |  |                                      | <b>MAILING DATE</b><br>04/14/99 |                                                                                                                                                                                                                                                   |                                                                                         |
|                                                                                                                       |  |                                      | <b>REF. NO.</b><br>18387-TM1001 |                                                                                                                                                                                                                                                   |                                                                                         |
| FORM PTO-1525 (5-90)                                                                                                  |  | U.S. DEPT. OF COMM. PAT. & TM OFFICE |                                 | Please provide in all correspondence:<br><br>1. Filing Date, serial number, mark and Applicant's name.<br>2. Mailing date of this Office action.<br>3. Examining Attorney's name and Law Office number.<br>4. Your telephone number and ZIP code. |                                                                                         |

**A PROPER RESPONSE TO THIS OFFICE ACTION MUST BE RECEIVED WITHIN 6 MONTHS FROM THE DATE OF THIS ACTION IN ORDER TO AVOID ABANDONMENT.**  
*For your convenience and to ensure proper handling of your response, a label has been enclosed. Please attach it to the upper right corner of your response. If the label is not enclosed, print or type the Trademark Law Office No., Serial No., and Mark in the upper right corner of your response.*

RE: Serial Number: 75/542727

**OFFICE ACTION**

The assigned examining attorney has reviewed the referenced application and determined the following.

**SEARCH OF OFFICE RECORDS**

The examining attorney has searched the Office records and has found no similar registered or pending mark which would bar registration under Trademark Act Section 2(d), 15 U.S.C. Section 1052(d). TMEP section 1105.01.

**IDENTIFICATION OF GOODS**

The identification of goods is unacceptable as indefinite. The applicant must amend the identification to indicate the specific use for the goods. The identification may also contain goods which may be classified in more than one class. Proper classification for the goods is in

International Class 9 if the goods are laboratory or scientific equipment. Proper classification for the goods is in International Class 10 if the goods are medical equipment. TMEP section 804.

The applicant may adopt either or both of the following identifications, if accurate:

Laboratory equipment, namely, sensors for *[indicate specific use, e.g., measuring flow rates of fluids and gases, measuring humidity]*, sensors for biotechnology applications, apparatus for measuring dosages of pharmaceuticals in laboratory experiments, in International Class 9.

-OR-

Medical equipment, namely, sensors for *[indicate specific use, e.g., detecting physiological conditions]*, sensors for biotechnology applications, apparatus for measuring dosages and delivering pharmaceuticals to patients, in International Class 10.

If the applicant adopts both suggested amendments to the identification of goods and prosecutes this application as a combined, or multiple-class, application, the applicant must amend the classification to International Classes 9 and 10. 37 C.F.R. Sections 2.33(a)(1)(vi) and 2.85; TMEP sections 805 and 1401. In this case the applicant must also comply with each of the following.

(1) The applicant must list the goods by international class with the classes listed in ascending numerical order. TMEP section 1113.01.

(2) The applicant must submit a filing fee for each international class of goods not covered by the fee already paid. The filing fee is \$245.00 per class. 37 C.F.R. Sections 2.6(a)(1) and 2.86(b); TMEP sections 810.01 and 1113.01.

Please note that, while an application may be amended to clarify or limit the identification, additions to the identification are not permitted. 37 C.F.R. Section 2.71(b); TMEP section 804.09. Therefore, the applicant may not amend to include any goods that are not within the scope of goods set forth in the present identification.



Alicia P. Collins  
Trademark Attorney  
Law Office 115  
(703) 308-9115 ext. 186

# AMENDMENT EXAMINATION WORK SHEET

Name: Christine Taylor LO: 105 Date: 12/23/08 Serial No: 1542727

INSTRUCTIONS: To certify amendments the R&A Clerk should check the "AMENDED" column. The Text Editor should check "ENTERED" after the amendment has been entered.  
RETAIN IN FILE.

| SCREEN                                              | AMENDED                             | ENTERED                             | AMENDED TO:                                                                                                                                  |
|-----------------------------------------------------|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| AM                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | AM Mark Type:                                                                                                                                |
|                                                     |                                     |                                     | AM Register:                                                                                                                                 |
|                                                     |                                     |                                     | AM Mark: <input type="checkbox"/> MDC:                                                                                                       |
|                                                     |                                     |                                     | AM Amended Register: PR: SR:                                                                                                                 |
|                                                     |                                     |                                     | AM Amended Reg Date:                                                                                                                         |
| PY                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PY Owner: <input type="checkbox"/> Name:                                                                                                     |
|                                                     |                                     |                                     | PY <input type="checkbox"/> Citizenship:                                                                                                     |
|                                                     |                                     |                                     | PY <input type="checkbox"/> Entity Type:                                                                                                     |
|                                                     |                                     |                                     | EN <input type="checkbox"/> Entity Statement:                                                                                                |
|                                                     |                                     |                                     | DB DBA/KA/TA Statement:                                                                                                                      |
| CL                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | PY Address: <input type="checkbox"/> Inter <input type="checkbox"/> City <input type="checkbox"/> State/Country <input type="checkbox"/> Zip |
|                                                     |                                     |                                     | NC Assignment or Name Change:                                                                                                                |
|                                                     |                                     |                                     | CO Composed of:                                                                                                                              |
|                                                     |                                     |                                     | CL International Class: US Class:                                                                                                            |
|                                                     |                                     |                                     | CL First Use: First Use in Commerce:                                                                                                         |
| OTHER                                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | GS Goods and Services:                                                                                                                       |
|                                                     |                                     |                                     | GS                                                                                                                                           |
|                                                     |                                     |                                     | GS                                                                                                                                           |
|                                                     |                                     |                                     | 1B 1(b) Claimed: Added <input type="checkbox"/> Deleted <input type="checkbox"/>                                                             |
|                                                     |                                     |                                     | DI Disclaimer:                                                                                                                               |
|                                                     |                                     |                                     | DM Description of Mark:                                                                                                                      |
|                                                     |                                     |                                     | LS Lining and Stippling Statement:                                                                                                           |
|                                                     |                                     |                                     | TR Translation of Words in Mark:                                                                                                             |
|                                                     |                                     |                                     | NO Name/Portrait Description/Consent:                                                                                                        |
|                                                     |                                     |                                     | TF Section 2(f): <input type="checkbox"/> Entire Mark <input type="checkbox"/> In Part <input type="checkbox"/> Limitation Statement:        |
|                                                     |                                     |                                     | AF Use in Another Form:                                                                                                                      |
|                                                     |                                     |                                     | CS Certification Statement:                                                                                                                  |
|                                                     |                                     |                                     | CU Concurrent Use Statement:                                                                                                                 |
|                                                     |                                     |                                     | PR Prior US Registrations:                                                                                                                   |
|                                                     |                                     |                                     | FN                                                                                                                                           |
| FN Foreign Country of Origin:                       |                                     |                                     |                                                                                                                                              |
| FN Foreign Application No: Frgn. Appl. Filing Date: |                                     |                                     |                                                                                                                                              |
| FN Section 44(d) Claimed: Y/N                       |                                     |                                     |                                                                                                                                              |
| FN Foreign Registration No: Frgn. Reg. Date:        |                                     |                                     |                                                                                                                                              |
| FN Foreign Registration Expiration Date:            |                                     |                                     |                                                                                                                                              |
| FN Foreign Renewal Reg. No: Frgn. Reg. Renewed:     |                                     |                                     |                                                                                                                                              |
| CD                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | AT Attorney Name:                                                                                                                            |
|                                                     |                                     |                                     | CD Correspondence: <input type="checkbox"/> Name <input type="checkbox"/> Inter St. Address <input type="checkbox"/> City/State/Zip          |
|                                                     |                                     |                                     | DN Attorney Docket Number:                                                                                                                   |

Other: \_\_\_\_\_  
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I certify that all corrections have been entered in accordance with the above instructions and text editing guidelines.

Text Editor 1223-91 Date \_\_\_\_\_

Initial box if no amendments are required.



10-19-1998

U.S. Patent & TMO/TM Mail Rpt Dt. #34

h0105

October 13, 1998

Box ITU NO FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

|     |                         |                                  |
|-----|-------------------------|----------------------------------|
| Re: | Application Serial No.: | 75/542,727                       |
|     | Mark:                   | THERASENSE                       |
|     | Filing Date:            | August 25, 1998                  |
|     | Applicant:              | Therasense, Inc.                 |
|     | Examining Attorney:     | Not Yet Assigned, Law Office 105 |
|     | Attorney Reference No.: | 18387-TM1001                     |

ADVANCE AMENDMENT UNDER 37 C.F.R. §2.71

The Applicant respectfully requests that its application be amended pursuant to TMPP §  
805 to correct the incorrect classification of the goods, "medical sensors; sensors for  
biotechnology applications; apparatus for the delivery or measurement of pharmaceuticals" from  
International Class 5 to International Class 10.

98 OCT -4 PM:20  
FILED  
T.O. DIV.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                                    |
| <u>Claire De Long</u><br>Print Name                                                                                                                                                                                                             | <u>10/13/98</u><br>Date of Deposit |
| <u>Claire De Long</u><br>Signature                                                                                                                                                                                                              | <u>10/13/98</u><br>Date            |

Box ITU  
NO FEE  
Law Office: 105  
Assistant Commissioner for Trademarks  
October 13, 1998  
Page 2

Accordingly, the goods identification for the application should read:

For International Class 10: medical sensors; sensors for biotechnology applications;  
apparatus for the delivery or measurement of  
pharmaceuticals.

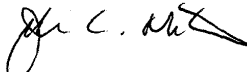
CL  
A11  
9

Applicant submits herewith a new drawing page showing the correct classification as

MR amended.

Respectfully Submitted,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



John C. Nishi  
Attorneys for Applicant

cc: Andrew P. Bridges

mar::ODMA\MHODMA\PALib1;960214;1

# AMENDMENT EXAMINATION WORK SHEET

Name: Christine Taylor LO:            Date: 105 Serial No: 342 727

INSTRUCTIONS: To certify amendments the R&A Clerk should check the "AMENDED" column. The Text Editor should check "ENTERED" after the amendment has been entered.  
RETAIN IN FILE.

| SCREEN | AMENDED | ENTERED | AMENDED TO:                                                                                                                                  |
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| AM     |         |         | AM Mark Type:                                                                                                                                |
|        |         |         | AM Register:                                                                                                                                 |
|        |         |         | AM Mark: <input type="checkbox"/> MDC:                                                                                                       |
|        |         |         | AM Amended Register: PR: SR:                                                                                                                 |
|        |         |         | AM Amended Reg Date:                                                                                                                         |
| PY     |         |         | PY Owner: <input type="checkbox"/> Name:                                                                                                     |
|        |         |         | PY <input type="checkbox"/> Citizenship:                                                                                                     |
|        |         |         | PY <input type="checkbox"/> Entity Type:                                                                                                     |
|        |         |         | EN <input type="checkbox"/> Entity Statement:                                                                                                |
|        |         |         | DB DBA/AKA/TA Statement:                                                                                                                     |
| CL     |         |         | PY Address: <input type="checkbox"/> Inter <input type="checkbox"/> City <input type="checkbox"/> State/Country <input type="checkbox"/> Zip |
|        |         |         | NC Assignment or Name Change:                                                                                                                |
|        |         |         | CO Composed of:                                                                                                                              |
|        |         |         | CL International Class: -US Class:                                                                                                           |
|        |         |         | CL First Use: First Use in Commerce:                                                                                                         |
| OTHER  |         |         | GS Goods and Services:                                                                                                                       |
|        |         |         | GS                                                                                                                                           |
|        |         |         | GS                                                                                                                                           |
|        |         |         | 1(b) Claimed: Added <input type="checkbox"/> Deleted <input type="checkbox"/>                                                                |
|        |         |         | DI Disclaimer:                                                                                                                               |
|        |         |         | DM Description of Mark:                                                                                                                      |
|        |         |         | LS Lining and Stippling Statement:                                                                                                           |
|        |         |         | TR Translation of Words in Mark:                                                                                                             |
|        |         |         | ND Name/Portrait Description/Consent:                                                                                                        |
|        |         |         | TF Section 2(f): <input type="checkbox"/> Entire Mark <input type="checkbox"/> In Part <input type="checkbox"/> Limitation Statement:        |
| FN     |         |         | AF Use in Another Form:                                                                                                                      |
|        |         |         | CS Certification Statement:                                                                                                                  |
|        |         |         | CU Concurrent Use Statement:                                                                                                                 |
|        |         |         | PR Prior US Registrations:                                                                                                                   |
|        |         |         | DR Domestic Representative:                                                                                                                  |
|        |         |         | FN Foreign Country of Origin:                                                                                                                |
|        |         |         | FN Foreign Application No: Frgn. Appl. Filing Date:                                                                                          |
| CD     |         |         | FN Section 44(d) Claimed: Y/N                                                                                                                |
|        |         |         | FN Foreign Registration No: Frgn. Reg. Date:                                                                                                 |
|        |         |         | FN Foreign Registration Expiration Date:                                                                                                     |
|        |         |         | FN Foreign Renewal Reg. No: Frgn. Reg. Renewed:                                                                                              |
|        |         |         | FN Foreign Registration Renewed Expiration Date:                                                                                             |
| CD     |         |         | AT Attorney Name:                                                                                                                            |
|        |         |         | CD Correspondence: <input type="checkbox"/> Name <input type="checkbox"/> Inter St. Address <input type="checkbox"/> City/State/Zip          |
|        |         |         | DN Attorney Docket Number:                                                                                                                   |

Other: \_\_\_\_\_  
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I certify that all corrections have been entered in accordance with the above instructions and text editing guidelines.

Text Editor 2012-10-27 Date           

Initial box if no amendments are required.  
☐



10-19-1998

U.S. Patent & TMO/TM Mail Rcpt Dt. #34

WILSON SONSINI GOODRICH & ROSATI  
PROFESSIONAL CORPORATION

650 PAGE MILL ROAD  
PALO ALTO, CALIFORNIA 94304-1050  
TELEPHONE 650-493-9300 FACSIMILE 650-493-6811  
WWW.WSGR.COM

JOHN ARNOT WILSON  
RETIRED

October 13, 1998

Box ITU NO FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

Re: Application Serial No.: 75/542,727  
Mark: THERASENSE  
Filing Date: August 25, 1998  
Applicant: Therasense, Inc.  
Attorney Docket No.: 18387-TM1001

Dear Assistant Commissioner:

Enclosed for immediate processing is an Advance Amendment for the mark THERASENSE for Therasense, Inc.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                                    |
| <u>Claire De Long</u><br>Print Name                                                                                                                                                                                                             | <u>10/13/98</u><br>Date of Deposit |
| <u>Claire De Long</u><br>Signature                                                                                                                                                                                                              | <u>10/13/98</u><br>Date            |

WILSON SONSINI GOODRICH & ROSATI

Assistant Commissioner  
for Trademarks  
October 13, 1998  
Page 2

Please direct all future communications regarding the enclosed Advance Amendment, and regarding the application in general, to counsel for the applicant:

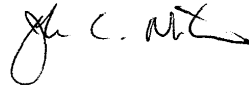
AT [Andrew P. Bridges]  
John C. Nishi  
CD [Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050]  
Telephone: (650) 493-9300

I would appreciate your acknowledging receipt of the above described Advance Amendment by stamping the enclosed post card with the date received and returning it to me.

Thank you for your prompt attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation



John C. Nishi

JCN:mar  
Enclosure

cc: Andrew P. Bridges (w/encl.)

de1::ODMA\MHODMA\PALib1;960257;1

75542727

APPLICATION TO REGISTER TRADEMARK ON PRINCIPAL REGISTER

BASIS OF APPLICATION: INTENT TO USE (SECTION 1(b))

MARK: THERASENSE

INTERNATIONAL CLASS: 5 10

per A

Applicant: Therasense, Inc., a  
California corporation

Address: 1311 Harbor Bay Parkway, Suite 1000  
Alameda, CA 94502

TO THE ASSISTANT COMMISSIONER FOR TRADEMARKS:

The applicant identified above has a bona fide intent  
to use in commerce the mark shown in the accompanying  
drawing for the following goods:

International Class 5:

SUB A

Goods: ~~medical sensors; sensors for~~  
~~biotechnology applications; apparatus~~  
~~for the delivery or measurement of~~  
~~pharmaceuticals.~~

|                                                                                                                                                                                                                                                                                                                             |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| CERTIFICATE OF EXPRESS MAIL<br>UNDER 37 C.F.R. §1.10                                                                                                                                                                                                                                                                        |                                |
| Express Mail Label No. <u>EM584488425US</u>                                                                                                                                                                                                                                                                                 | Date of Deposit <u>8/25/98</u> |
| I hereby certify that this paper or fee is being deposited with the<br>United States Postal Service "Express Mail Post Office to Addressee" service<br>under 37 C.F.R. §1.10 on the date indicated above and is addressed to the<br>Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA<br>22202-3513. |                                |
| Signature                                                                                                                                                                                                                                                                                                                   | <u><i>gmm</i></u>              |
| Print Name                                                                                                                                                                                                                                                                                                                  | <u>Olga Rapoport</u>           |

mg2::ODMA\PCDOCS\SQL1\255008\1

1/0 245/361

The applicant requests that the mark be registered in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946.

The mark will be printed on labels applied directly to the goods, embossed on the goods, printed on containers of the goods, or used in other ways customary to the trade.

Please include Attorney Reference Number 18387-TM1001 on all future communications regarding this application and address all communications regarding this application to the applicant's attorneys at the following address:

Andrew P. Bridges  
John C. Nishi  
Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Telephone: (650) 493-9300  
Facsimile: (650) 493-6811

- - - - -

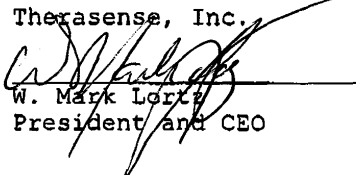
DECLARATION

I, W. Mark Lortz, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application and of any registration resulting therefrom, declare that I am President and CEO of the applicant corporation and authorized to execute this instrument on behalf of the applicant; I believe the applicant to be the owner of or, if filed under Section 1(b), to be entitled to use in commerce, the mark sought to be registered; to the best of my knowledge and belief, no other person, firm, corporation or association has the right to use the mark in commerce, either in the identical form or in such near resemblance thereto as to be likely, when applied to the goods, to cause confusion, or to cause mistake, or to deceive; the facts set forth in this application are true; all statements made of my own knowledge are true; and all statements made on information and belief are believed to be true.

Dated: August 11, 1998

By

Therasense, Inc.

  
W. Mark Lortz  
President and CEO

WILSON SONSINI GOODRICH & ROSATI  
PROFESSIONAL CORPORATION

650 PAGE MILL ROAD  
PALO ALTO, CALIFORNIA 94304-1050  
TELEPHONE 650-493-9300 FACSIMILE 650-493-6811  
WWW.WSGR.COM

JOHN ARNOT WILSON  
RETIRED

August 25, 1998

**VIA EXPRESS MAIL**

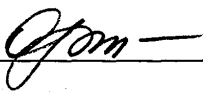
BOX NEW APP FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

Re: Mark: THERASENSE  
Class: International Class 5  
Applicant: Therasense, Inc.  
Docket No.: 18387-TM1001

Dear Assistant Commissioner:

Enclosed for immediate processing is the Federal Trademark Application for Therasense, Inc. for registration of the mark THERASENSE, to be applied to the goods described in International Class 5.

The required filing fee is enclosed in the form of a check for \$245.00, made payable to the "Commissioner of Patents and Trademarks". The Commissioner is authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to deposit account no. 23-2415 ATTN: 18387-TM1001. A copy of this cover letter is enclosed for accounting purposes.

|                                                                                                                                                                                                                                                                                                                 |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| CERTIFICATE OF EXPRESS MAIL<br>UNDER 37 C.F.R. \$1.10                                                                                                                                                                                                                                                           |                                                                                     |
| Express Mail Label No.                                                                                                                                                                                                                                                                                          | EM584488425US                                                                       |
| Date of Deposit                                                                                                                                                                                                                                                                                                 | 8/25/98                                                                             |
| I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. \$1.10 on the date indicated above and is addressed to the Assistant Commissioner of Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513. |                                                                                     |
| Signature                                                                                                                                                                                                                                                                                                       |  |
| Print Name                                                                                                                                                                                                                                                                                                      | Olga Rapoport                                                                       |

75542727

WILSON SONSINI GOODRICH & ROSATI

BOX NEW APP FEE  
Assistant Commissioner for Trademarks  
August 25, 1998  
Page 2

Please also note that all correspondence regarding the enclosed trademark application should be directed to:

Andrew P. Bridges  
John C. Nishi  
Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Telephone: (650) 493-9300

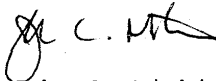
Please include our attorney reference number 18387-TM1001 on all future communications regarding this application.

I would appreciate your acknowledging receipt of the attached trademark application and filing fee by stamping the enclosed postcard with the date received and returning it to me.

Thank you for your prompt attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation

  
John C. Nishi

JCN:mar  
Enclosures

cc: Andrew P. Bridges (w/encls.)

MAR::ODMA\PCDOCS\SQL1\259697\1

WILSON SONSINI GOODRICH & ROSATI  
PROFESSIONAL CORPORATION

650 PAGE MILL ROAD  
PALO ALTO, CALIFORNIA 94304-1050  
TELEPHONE 650-493-9300 FACSIMILE 650-493-6811  
WWW.WSGR.COM

JOHN ARNOT WILSON  
RETIRED

August 25, 1998

**VIA EXPRESS MAIL**

BOX NEW APP FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

Re: Mark: THERASENSE  
Class: International Class 5  
Applicant: Therasense, Inc.  
Docket No.: 18387-TM1001

Dear Assistant Commissioner:

Enclosed for immediate processing is the Federal Trademark Application for Therasense, Inc. for registration of the mark THERASENSE, to be applied to the goods described in International Class 5.

The required filing fee is enclosed in the form of a check for \$245.00, made payable to the "Commissioner of Patents and Trademarks". The Commissioner is authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to deposit account no. 23-2415 ATTN: 18387-TM1001. A copy of this cover letter is enclosed for accounting purposes.

|                                                                                                                                                                                                                                                                                                                 |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| CERTIFICATE OF EXPRESS MAIL<br>UNDER 37 C.F.R. \$1.10                                                                                                                                                                                                                                                           |                             |
| Express Mail Label No.                                                                                                                                                                                                                                                                                          | <u>EM584488425US</u>        |
| Date of Deposit                                                                                                                                                                                                                                                                                                 | <u>8/25/98</u>              |
| I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. \$1.10 on the date indicated above and is addressed to the Assistant Commissioner of Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513. |                             |
| Signature                                                                                                                                                                                                                                                                                                       | <u><i>Olga Rapoport</i></u> |
| Print Name                                                                                                                                                                                                                                                                                                      | <u>Olga Rapoport</u>        |

75542727

WILSON SONSINI GOODRICH & ROSATI

BOX NEW APP FEE  
Assistant Commissioner for Trademarks  
August 25, 1998  
Page 2

Please also note that all correspondence regarding the enclosed trademark application should be directed to:

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Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
Telephone: (650) 493-9300

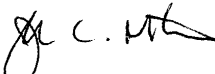
Please include our attorney reference number 18387-TM1001 on all future communications regarding this application.

I would appreciate your acknowledging receipt of the attached trademark application and filing fee by stamping the enclosed postcard with the date received and returning it to me.

Thank you for your prompt attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation

  
John C. Nishi

JCN:mar  
Enclosures

cc: Andrew P. Bridges (w/encls.)

MAR::ODMA\PCDOCS\SQL1\259697\1

75542727

TRADEMARK APPLICATION SERIAL NO.

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

09/11/1998 NSHABAZZ 00000102 75542727

01 FC:361

245.00 0P

PTO-1555  
(5/87)

Sub Doc

DRAWING OF MARK (THERASENSE)  
FOR APPLICATION FOR REGISTRATION ON PRINCIPAL REGISTER  
BASED ON SECTION 1(b)

Applicant: Therasense, Inc., a  
California corporation

Address: 1311 Harbor Bay Parkway, Suite 1000  
Alameda, CA 94502

Goods by International Class:

International Class 10:

Goods: medical sensors; sensors for biotechnology  
applications; apparatus for the delivery or  
measurement of pharmaceuticals.

Attorney Reference No.: 18387-TM1001

REGISTER  
05/29/01

THERASENSE



PUBLISHED  
02/08/00 01

DRAWING OF MARK (THERASENSE)  
FOR APPLICATION FOR REGISTRATION ON PRINCIPAL REGISTER  
BASED ON SECTION 1(b)

Applicant: Therasense, Inc., a  
California corporation

Address: 1311 Harbor Bay Parkway, Suite 1000  
Alameda, CA 94502

Goods by International Class:

International Class 5:

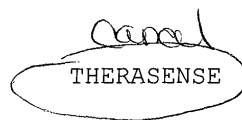
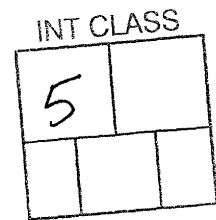
Goods: medical sensors; sensors for biotechnology  
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measurement of pharmaceuticals.

Attorney Reference No.: 18387-TM1001



08-25-1998

U.S. Patent & TMOfo/TM Mail Ropt Dt. #70



**TRADEMARK**



75542727

\*\*\* User: EX598309 \*\*\*

| STMT<br>NUMBER | TOTAL<br>MARKS | LIVE<br>VIEWED | DEAD<br>VIEWED | SEARCH                                                                                                      |
|----------------|----------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------|
| 01             | 5859           | 0              | 0              | PHRASCH :thera: ^ :tera:                                                                                    |
| 02             | 3524           | 0              | 0              | PHRASCH :sens: ^ :senc: ^ :zens: ^ :zenc: ^ :<br>cens: ^ :cenc:                                             |
| 03             | 20             | 18             | 2              | PHRASCH 1&2                                                                                                 |
| 04             | 38289          | 0              | 0              | PHRASCH 010/ic^a/ic^b/ic^200/ic                                                                             |
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| 06             | 183948         | 0              | 0              | PHRASCH dead/ld                                                                                             |
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| 08             | 795            | 0              | 0              | PHRASCH 2&(4^5)~6                                                                                           |
| 09             | 11             | 10             | 1              | PHONSCH therasense ^ therassense ^<br>therasenses ^ therassenses ^ ((thera ^ theras) &<br>(sense ^ senses)) |
| 10             | 36             | 32             | 4              | PHRASCH :ther:sen: ^ :ther:zen: ^ :ther:cen: ^<br>:ter:sen: ^ :ter:zen: ^ :ter:cen:                         |
| 11             | 267            | 1              | 0              | PHRASCH 7&(ther: ^ tera:) viewed hit list                                                                   |
| 12             | 227            | 0              | 0              | PHRASCH 8&sense Viewed hit list                                                                             |

TERMINAL SESSION STARTED 04/09/99 11:25 A.M. (EASTERN TIME)  
TERMINAL SESSION FINISHED 04/09/99 11:44 A.M. (EASTERN TIME)  
ELAPSED TIME THIS SESSION 0 HRS AND 19 MIN

*search suggestions*  
*centB*



**It will change the way you feel about testing.**

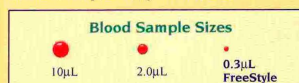
In clinical tests, 9 out of 10 people said testing with FreeStyle was less painful\* than with their current meter.

FreeStyle gives you an accurate and precise reading from a blood sample the size of a pinhead. A sample that small means you no longer have to test on your fingertips.

Now that's a welcome relief.

**The smallest blood sample ever.**

FreeStyle works with a sample so tiny it's measured in nanoliters, not microliters. You can test with as little as 300 nanoliters (0.3 microliter) of blood – that's a fraction of the size of the smallest sample of any other meter.



**Forearms are an ideal place to test.**

Testing on your forearms is less painful.\* And by not testing on your fingertips, you won't have any lingering pain to interfere with your day-to-day activities.

\*Data on file at TheraSense, Inc.

**Simple to use:**



**INSERT**  
the test strip,  
and the meter  
automatically  
turns on.



**LANCE**  
your forearm  
with the  
FreeStyle  
lancing  
device.



**TOUCH**  
one edge of  
the test strip  
gently to the  
blood sample  
until the meter  
beeps once,  
indicating the  
strip is full.



**READ**  
your results  
in an average  
of 15 seconds.



**FreeStyle™**  
Blood Glucose Monitoring System

In re Trademark Application of:

Applicant: Therasense, Inc.

Mark: THERASENSE

Serial No. 75/542,727

Notice of Allowance Date: May 2, 2000

International Class: 10

Attorney Docket No.: 18387-TM1001

75542727

APR - 9 1999  
OFFICE 105

TRADEMARK



75542727

## CONTENTS

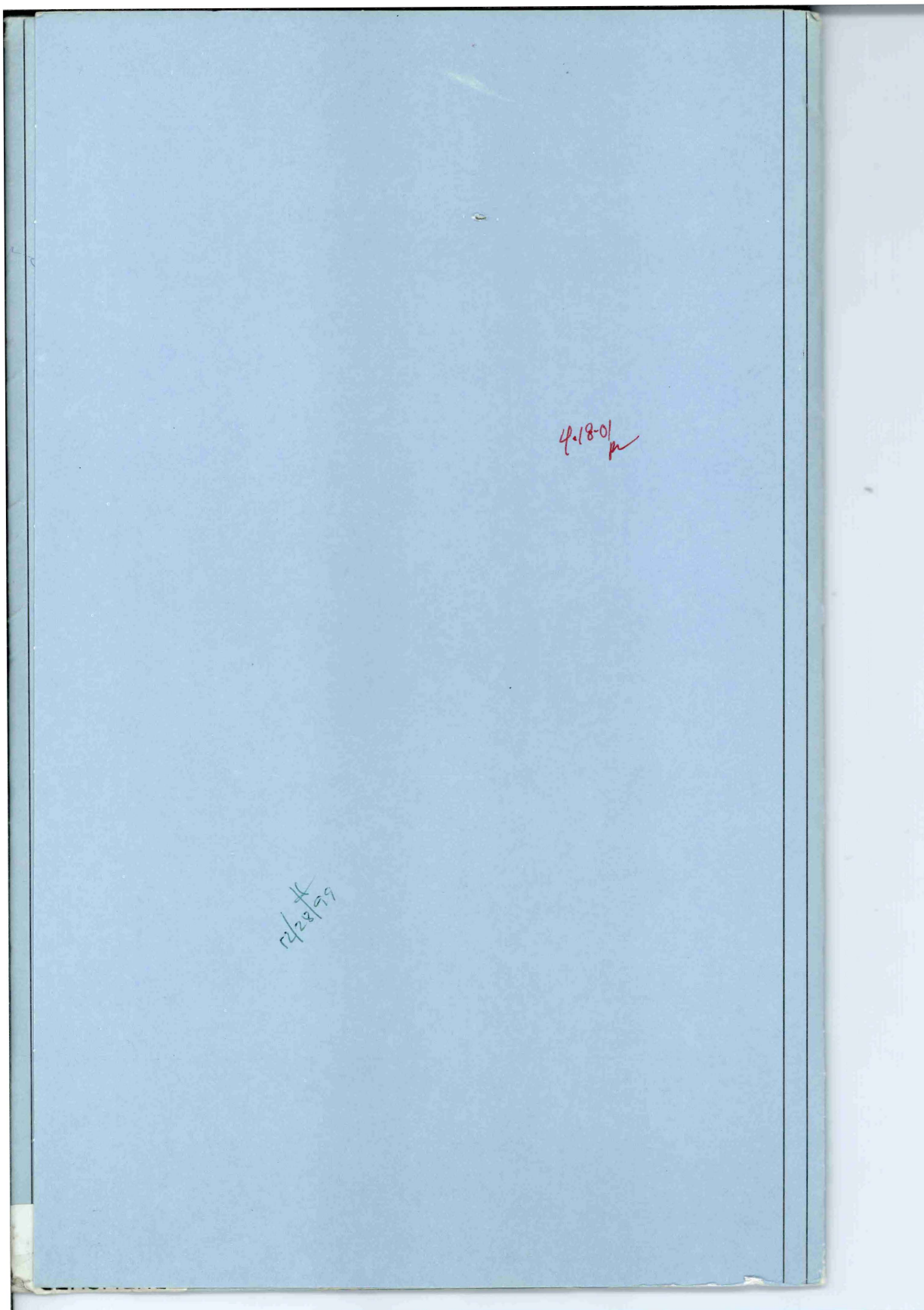
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| 1.  | Chg of Add, Pur of Atty | DEC 1 1998      | 10/19/98 |
| 2.  | Amend A / Sub Prog      | 10/19/98        |          |
| 3.  |                         | APR 14 1999     | BDD      |
| 4.  | amdt B                  | NOV 8 1999      | 10/19/99 |
| 5.  |                         |                 |          |
| 6.  |                         |                 |          |
| 7.  |                         |                 |          |
| 8.  |                         |                 |          |
| 9.  |                         |                 |          |
| 10. |                         |                 |          |
| 11. |                         |                 |          |
| 12. |                         |                 |          |
| 13. |                         |                 |          |
| 14. |                         | EXT REQ FILED   | 8-31-00  |
| 15. |                         | EXT REQ GRANTED | 11-3-00  |
| 16. |                         | SOU FILED       | 11-3-00  |
| 17. |                         |                 |          |
| 18. |                         |                 |          |
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| 28. |                         |                 |          |

NOP  
2/08/00

NOA 02  
05/02/00

☐ See inside of file for additional entries.

PUBLISHED  
02/08/00 01



REG NUM: 2455840  
REG DT: 05/29/2001  
S/N 75/542727

75-542727



TYPED DRAWING

THERASENSE

LEU

LAW OFFICE 105

PRINCIPAL

Alicia P. Collins

ATTORNEY ADVISOR:

|                                                                                                 |                                                                            |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Examining Attorney - (Please Print Name)<br><b>Alicia P. Collins</b>                            | Date Published in Trademark O.G.<br><b>PUBLISHED</b><br><b>02/08/00 01</b> |
| Approved for Publication (Principal Register) - (Signature)<br><i>Alicia P. Collins</i> 1/18/99 | (Signature)                                                                |
| Approved for Registration (Section 1(d)) - (Signature)<br><i>Alicia Collins</i> 1/24/2001       | (Signature)                                                                |
| Approved for Registration (Supplemental Register) - (Signature)                                 | Section 9 Renewal Act (Signature)                                          |

<SERIAL NUMBER> 75542727  
<MARK> THERASENSE  
<LAW OFFICE ASSIGNED> LAW OFFICE 115  
<CONTACT TYPE> Correspondent  
  
<ORIGINAL ADDRESS> ANDREW P. BRIDGES  
WILSON SONSINI GOODRICH & ROSATI PC  
650 PAGE MILL RD  
PALO ALTO California (CA) 94304-1050  
United States (USX)  
  
<NEW ADDRESS>  
    <CORRESPONDENT> Nicole Hickey  
    <ORGANIZATION> Abbott Laboratories  
    <STREET ADDRESS> 100 Abbott Park Road  
    <CTTY> Abbott Park  
    <STATE> IL  
    <POSTAL CODE> 60064  
    <PHONE> (847) 937-5121  
    <FAX> (847) 935-6552  
    <EMAIL> trademarks@abbott.com  
    <EMAIL AUTHORIZED> Y  
    <SUBMIT DATE> Aug 8, 2005  
  
<SIGNATURE>  
    <ESIGNATURE-TYPE> DIRECT  
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    <SIGNATURE-ENTRY-NUMBER>  
    <SIGNATURE-NAME> /nicole hickey/  
    <SIGNATORY-DATE> 20050808  
    <SIGNATORY-NAME> Nicole Hickey  
    <SIGNATORY-POSITION> Counsel

**Int. Cl.: 10**

**Prior U.S. Cls.: 26, 39, and 44**

**Reg. No. 2,455,840**

**United States Patent and Trademark Office**

**Registered May 29, 2001**

**TRADEMARK  
PRINCIPAL REGISTER**

**THERASENSE**

THERASENSE, INC. (CALIFORNIA CORPORATION)  
1360 SOUTH LOOP ROAD  
ALAMEDA, CA 94502

APPLICATIONS, IN CLASS 10 (U.S. CLS. 26, 39  
AND 44).

FIRST USE 6-28-2000; IN COMMERCE 6-28-2000.

FOR: MEDICAL EQUIPMENT, NAMELY, SENSORS FOR MEASURING BLOOD GLUCOSE LEVELS, AND SENSORS FOR BIOTECHNOLOGY

SN 75-542,727, FILED 8-25-1998.

ALICIA COLLINS, EXAMINING ATTORNEY

**Int. Cl.: 10**

**Prior U.S. Cls.: 26, 39, and 44**

**United States Patent and Trademark Office**

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Goods by International Class:

International Class 10:

Goods: medical sensors; sensors for biotechnology  
applications; apparatus for the delivery or  
measurement of pharmaceuticals.

Attorney Reference No.: 18387-TM1001

THERASENSE



PUBLISHED  
02/08/00 01

ITU

TRADEMARK/SERVICE MARK ALLEGATION OF USE  
(15 U.S.C. §1051 (c) or (d))

To The Assistant Commissioner for Trademarks:

Mark: THERASENSE ✓  
Serial No.: 75/542727 ✓  
Attorney Reference No.: 18387-TM1001  
  
Applicant Information: Therasense, Inc. ✓  
1360 South Loop Road  
Alameda, CA 94502



11-08-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #01

Notice of  
Allowance Issue Date: May 2, 2000

The Owner is using the mark in commerce on or in connection with all goods and/or services identified in the application.

Date of First Use Anywhere: at least as early as June 28, 2000 ✓

Date of First Use in Commerce: at least as early as June 28, 2000 ✓

Fee Information: \$100.00 x 1 Class(es) = \$ 100.00

The applicant encloses a check payable to the "Commissioner for Patents and Trademarks" in the amount of \$100.00 as the fee for this filing. As stated in the cover letter accompanying this Allegation of Use, please charge Deposit Account No. 23-2415 ATTN: 18387-TM1001 if the enclosed fee is insufficient.

11/13/2000 KGIBBONS 00000309 75542727

01 FC:363

100.00 OP

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                                               |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Trademarks, 2900 Crystal Drive, Arlington, VA 22202-3513, on: |                                            |
| Print Name<br><u>CAROL R. ZENGA.</u>                                                                                                                                                                                                            | Date of Deposit<br><u>NOVEMBER 3, 2000</u> |
| Signature<br><u>[Signature]</u>                                                                                                                                                                                                                 | Date<br><u>NOVEMBER 3, 2000</u>            |

Applicant requests registration of the above-identified trademark/service mark in the United States Patent and Trademark Office on the Principal Register established by the Act of July 5, 1946 (15 U.S.C. §1501 et seq., as amended). Applicant is the owner of the mark sought to be registered, and is using the mark in commerce on or in connection with the goods/services identified above, as evidenced by the attached specimen(s) showing the mark as currently used in commerce. Applicant submits one specimen for each International Class covered by the application.

# DECLARATION

The undersigned being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of this document, declares that he/she is properly authorized to execute this document on behalf of the Owner; and all statements made of his/her own knowledge are true and all statements made on information and belief are believed to be true.

Date: 8/28/00, 2000

By:   
Name: Mark Kortz  
Title: President and CEO

## Contact Information:

Andrew P. Bridges  
John C. Nishi  
WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation  
650 Page Mill Road  
Palo Alto, California 94304-1050  
(650)493-9300



Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

November 3, 2000

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
2900 Crystal Drive  
Arlington, VA 22202-3513

Re: Mark: THERASENSE  
Application No.: 75/542727  
Filed: August 25, 1998  
Notice of Allowance: May 2, 2000  
Class: International Class No. 10  
Applicant: Therasense, Inc.  
Attorney Docket No.: 18387-TM1001



11-08-2000

U.S. Patent & TMO/TM Mail Rpt Dt. #01

Dear Assistant Commissioner:

Enclosed for immediate processing is an Allegation of Use for the mark THERASENSE for Therasense, Inc. in International Class 10.

The required filing fee is enclosed for the Allegation of Use in the form of a check made payable to the "Commissioner for Patents and Trademarks" for \$100.00. The Commissioner is authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 23-2415 ATTN: 18387-TM1001. A copy of this letter is enclosed for accounting purposes.

| CERTIFICATE OF MAILING UNDER<br>37 C.F.R. §1.8(a)                                                                                                                                                                      |                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
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| <u>CAROL P. ZENGA</u><br>Print Name                                                                                                                                                                                    | <u>NOVEMBER 3, 2000</u><br>Date of Deposit |
| <u><i>CR Zenga</i></u><br>Signature                                                                                                                                                                                    | <u>NOVEMBER 3, 2000</u><br>Date            |

650 Page Mill Road, Palo Alto, CA 94304-1050 • 650.493.9300 Tel • 650.493.6811 Fax • www.wsgr.com  
PALO ALTO • KIRKLAND • AUSTIN • SAN FRANCISCO • McLEAN

Box ITU FEE  
Assistant Commissioner  
for Trademarks  
November 3, 2000  
Page 2

Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

Please direct all future communications regarding the enclosed Allegation of Use and regarding this application in general, to counsel for the applicant:

Andrew P. Bridges  
John C. Nishi  
Wilson Sonsini Goodrich & Rosati  
Professional Corporation  
650 Page Mill Road  
Palo Alto, CA 94304-1050  
(650) 493-9300

**Please note that Therasense, Inc. has changed its address to:**

**1360 South Loop Road  
Alameda, California 94502**

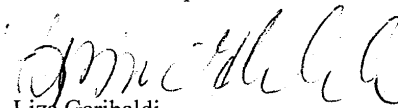
Please ensure that the registration certificate issues with the applicant's new address.

I would appreciate your acknowledging receipt of the above described Allegation of Use, specimen and filing fee by stamping the enclosed postcard with the date received and returning to me.

Thank you for your prompt attention to this matter.

Very truly yours,

WILSON SONSINI GOODRICH & ROSATI  
Professional Corporation

  
Liza Garibaldi  
Trademark Paralegal

Enclosures

cc: Andrew P. Bridges (w/encl.)  
John C. Nishi (w/o encl.)

JFWC:\NRPORTBL\PALIB\LG5\1253622\_1.DOC



5/00  
Wilson Sonsini Goodrich & Rosati  
PROFESSIONAL CORPORATION

November 3, 2000

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Attorney Docket No.: 18387-TM1001



11-08-2000  
U.S. Patent & TMO/c/TM Mail Rpt Dt. #01

Dear Assistant Commissioner:

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| Print Name<br><u>CAROL P. ZENGA</u>                                                                                                                                                                                    | Date of Deposit<br><u>NOVEMBER 3, 2000</u> |
| Signature<br><u>CP Zenga</u>                                                                                                                                                                                           | Date<br><u>NOVEMBER 3, 2000</u>            |

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Box ITU FEE  
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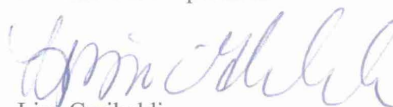
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Liza Garibaldi  
Trademark Paralegal

Enclosures

cc: Andrew P. Bridges (w/encl.)  
John C. Nishi (w/o encl.)

JFWC:\NR\PORTBL\PALIB\LG5\1253622\_1.DOC

## TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

| SUBMISSION TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CORRECTIVE ASSIGNMENT                                                                                                                                                                                                                                                                                             |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|-------------------------|------------------|-----------|----------------|-----------------------|--------------|----------------|--------------|-----------------------|----------------|----------|-----------------|----------------|----------|-------------------|----------------|----------|---------------------|----------------|----------|-------------------|----------------|----------|-----------|----------------|----------|-------------------|----------------|----------|--------------------------|----------------|----------|------------|--|
| NATURE OF CONVEYANCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corrective Assignment to correct the change of name recorded on August 19, 2005 that incorrectly identified the assignor's name and assignee's address previously recorded on Reel 003143 Frame 0791. Assignor(s) hereby confirms the change of name does now identify the correct assignor and assignee address. |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| CONVEYING PARTY DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                   |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| <table border="1"><tr><th>Name</th><th>Formerly</th><th>Execution Date</th><th>Entity Type</th></tr><tr><td>Therasense, Inc.</td><td></td><td>08/01/2005</td><td>CORPORATION: DELAWARE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name                                                                                                                                                                                                                                                                                                              | Formerly                  | Execution Date        | Entity Type             | Therasense, Inc. |           | 08/01/2005     | CORPORATION: DELAWARE |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Formerly                                                                                                                                                                                                                                                                                                          | Execution Date            | Entity Type           |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Therasense, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                   | 08/01/2005                | CORPORATION: DELAWARE |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| RECEIVING PARTY DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                   |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| <table border="1"><tr><td>Name:</td><td>Abbott Diabetes Care Inc.</td></tr><tr><td>Street Address:</td><td>1420 Harbor Bay Parkway</td></tr><tr><td>City:</td><td>Alameda</td></tr><tr><td>State/Country:</td><td>CALIFORNIA</td></tr><tr><td>Postal Code:</td><td>94502</td></tr><tr><td>Entity Type:</td><td>CORPORATION: DELAWARE</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name:                                                                                                                                                                                                                                                                                                             | Abbott Diabetes Care Inc. | Street Address:       | 1420 Harbor Bay Parkway | City:            | Alameda   | State/Country: | CALIFORNIA            | Postal Code: | 94502          | Entity Type: | CORPORATION: DELAWARE |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Abbott Diabetes Care Inc.                                                                                                                                                                                                                                                                                         |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Street Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1420 Harbor Bay Parkway                                                                                                                                                                                                                                                                                           |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| City:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Alameda                                                                                                                                                                                                                                                                                                           |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| State/Country:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CALIFORNIA                                                                                                                                                                                                                                                                                                        |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Postal Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 94502                                                                                                                                                                                                                                                                                                             |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Entity Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CORPORATION: DELAWARE                                                                                                                                                                                                                                                                                             |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| PROPERTY NUMBERS Total: 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| <table border="1"><thead><tr><th>Property Type</th><th>Number</th><th>Word Mark</th></tr></thead><tbody><tr><td>Serial Number:</td><td>78670180</td><td>FREESTYLE</td></tr><tr><td>Serial Number:</td><td>78670186</td><td>FREESTYLE</td></tr><tr><td>Serial Number:</td><td>78502663</td><td>FREESTYLE CONNECT</td></tr><tr><td>Serial Number:</td><td>78218585</td><td>FREESTYLE FLASH</td></tr><tr><td>Serial Number:</td><td>78574141</td><td>FREESTYLE FREEDOM</td></tr><tr><td>Serial Number:</td><td>78257509</td><td>FREESTYLE NAVIGATOR</td></tr><tr><td>Serial Number:</td><td>76382314</td><td>FREESTYLE TRACKER</td></tr><tr><td>Serial Number:</td><td>75697764</td><td>FREESTYLE</td></tr><tr><td>Serial Number:</td><td>78138310</td><td>FREESTYLE COPILOT</td></tr><tr><td>Serial Number:</td><td>75793921</td><td>THE TECHNOLOGY OF CARING</td></tr><tr><td>Serial Number:</td><td>75542727</td><td>THERASENSE</td></tr></tbody></table> | Property Type                                                                                                                                                                                                                                                                                                     | Number                    | Word Mark             | Serial Number:          | 78670180         | FREESTYLE | Serial Number: | 78670186              | FREESTYLE    | Serial Number: | 78502663     | FREESTYLE CONNECT     | Serial Number: | 78218585 | FREESTYLE FLASH | Serial Number: | 78574141 | FREESTYLE FREEDOM | Serial Number: | 78257509 | FREESTYLE NAVIGATOR | Serial Number: | 76382314 | FREESTYLE TRACKER | Serial Number: | 75697764 | FREESTYLE | Serial Number: | 78138310 | FREESTYLE COPILOT | Serial Number: | 75793921 | THE TECHNOLOGY OF CARING | Serial Number: | 75542727 | THERASENSE |  |
| Property Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Number                                                                                                                                                                                                                                                                                                            | Word Mark                 |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78670180                                                                                                                                                                                                                                                                                                          | FREESTYLE                 |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78670186                                                                                                                                                                                                                                                                                                          | FREESTYLE                 |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78502663                                                                                                                                                                                                                                                                                                          | FREESTYLE CONNECT         |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78218585                                                                                                                                                                                                                                                                                                          | FREESTYLE FLASH           |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78574141                                                                                                                                                                                                                                                                                                          | FREESTYLE FREEDOM         |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78257509                                                                                                                                                                                                                                                                                                          | FREESTYLE NAVIGATOR       |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 76382314                                                                                                                                                                                                                                                                                                          | FREESTYLE TRACKER         |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75697764                                                                                                                                                                                                                                                                                                          | FREESTYLE                 |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 78138310                                                                                                                                                                                                                                                                                                          | FREESTYLE COPILOT         |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75793921                                                                                                                                                                                                                                                                                                          | THE TECHNOLOGY OF CARING  |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |
| Serial Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 75542727                                                                                                                                                                                                                                                                                                          | THERASENSE                |                       |                         |                  |           |                |                       |              |                |              |                       |                |          |                 |                |          |                   |                |          |                     |                |          |                   |                |          |           |                |          |                   |                |          |                          |                |          |            |  |

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TRADEMARK  
REEL: 003617 FRAME: 0016LifeScan, Inc.. Ex. 1015 - Page 64  
LifeScan, Inc. v. Facet Technologies LLC  
IPR2023-00712 - U.S. Patent No. 8,840,635

CH \$290.00 78670180

**CORRESPONDENCE DATA**

Fax Number: (847)935-6552

*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*

Phone: 847.938.5455

Email: trademarks@abbott.com

Correspondent Name: Elisa M Valenzona

Address Line 1: 100 Abbott Park Road

Address Line 2: Dept. 0377, AP6A-1

Address Line 4: Abbott Park, ILLINOIS 60064-6008

|                                                                                                                                                                                                                         |                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| ATTORNEY DOCKET NUMBER:                                                                                                                                                                                                 | T48273            |
| NAME OF SUBMITTER:                                                                                                                                                                                                      | Elisa M Valenzona |
| Signature:                                                                                                                                                                                                              | /emv/             |
| Date:                                                                                                                                                                                                                   | 09/07/2007        |
| Total Attachments: 5<br>source=ADC-Change of Name#page1.tif<br>source=ADC-Change of Name#page2.tif<br>source=ADC-Change of Name#page3.tif<br>source=ADC-Change of Name#page4.tif<br>source=ADC-Change of Name#page5.tif |                   |



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| SUBMISSION TYPE:           | NEW ASSIGNMENT            |                   |              |
| NATURE OF CONVEYANCE:      | CHANGE OF NAME            |                   |              |
| CONVEYING PARTY DATA       |                           |                   |              |
| Name                       | Formerly                  | Execution Date    | Entity Type  |
| Abbott Diabetes Care Inc.  | FORMERLY Therasense, Inc. | 08/01/2005        | CORPORATION: |
| RECEIVING PARTY DATA       |                           |                   |              |
| Name:                      | Abbott Diabetes Care Inc. |                   |              |
| Street Address:            | 100 Abbott Park Road      |                   |              |
| City:                      | Abbott Park               |                   |              |
| State/Country:             | ILLINOIS                  |                   |              |
| Postal Code:               | 60064                     |                   |              |
| Entity Type:               | CORPORATION:              |                   |              |
| PROPERTY NUMBERS Total: 12 |                           |                   |              |
| Property Type              | Number                    | Word Mark         |              |
| Registration Number:       | 2670744                   | FREESTYLE         |              |
| Serial Number:             | 78670180                  | FREESTYLE         |              |
| Serial Number:             | 78670186                  | FREESTYLE         |              |
| Serial Number:             | 78502663                  | FREESTYLE CONNECT |              |

|                      |          |                          |
|----------------------|----------|--------------------------|
| Registration Number: | 2851893  | FREESTYLE COPILOT        |
| Serial Number:       | 78218585 | FREESTYLE FLASH          |
| Serial Number:       | 78574141 | FREESTYLE FREEDOM        |
| Serial Number:       | 78257509 | FREESTYLE NAVIGATOR      |
| Serial Number:       | 78257516 | FREESTYLE PILOT          |
| Serial Number:       | 76382314 | FREESTYLE TRACKER        |
| Registration Number: | 2545754  | THE TECHNOLOGY OF CARING |
| Registration Number: | 2455840  | THERASENSE               |

|                                                                                      |                             |
|--------------------------------------------------------------------------------------|-----------------------------|
| <b>CORRESPONDENCE DATA</b>                                                           |                             |
| Fax Number:                                                                          | (847)935-6552               |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                             |
| Phone:                                                                               | 847-937-5121                |
| Email:                                                                               | trademarks@abbott.com       |
| Correspondent Name:                                                                  | Abbott Diabetes Care        |
| Address Line 1:                                                                      | 100 Abbott Park Road        |
| Address Line 4:                                                                      | Abbott Park, ILLINOIS 60064 |

|                      |                  |
|----------------------|------------------|
| NAME OF SUBMITTER:   | Carl Silverman   |
| Signature:           | /Carl Silverman/ |
| Date:                | 08/19/2005       |
| Total Attachments: 0 |                  |

|                            |            |
|----------------------------|------------|
| <b>RECEIPT INFORMATION</b> |            |
| ETAS ID:                   | TM36203    |
| Receipt Date:              | 08/19/2005 |
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\* per TR -  
inactive,  
do not file

# Delaware

PAGE 1

*The First State*

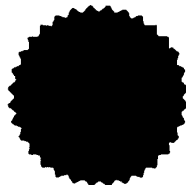
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE RESTATED CERTIFICATE OF "THERASENSE, INC.", CHANGING ITS NAME FROM "THERASENSE, INC." TO "ABBOTT DIABETES CARE INC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2005, AT 10:03 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID RESTATED CERTIFICATE IS THE FIRST DAY OF AUGUST, A.D. 2005.

3283408 8100

050625610



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4056779

DATE: 07-29-05

TRADEMARK

REEL: 003617 FRAME: 0020

LifeScan, Inc.. Ex. 1015 - Page 68  
LifeScan, Inc. v. Facet Technologies LLC  
IPR2023-00712 - U.S. Patent No. 8,840,635

ACTION TAKEN BY  
UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS  
THERASENSE, INC.

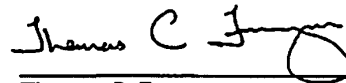
---

The undersigned, being the sole Director of TheraSense, Inc., a Delaware corporation (the "Corporation"), and acting pursuant to the authority provided in Section 141(f) of the Delaware Corporation Law and Article II, Section 8 of the By-laws of the Corporation, does hereby adopt the following resolution:

RESOLVED, that effective August 1, 2005, the Amended and Restated Certificate of Incorporation of TheraSense, Inc. be amended by changing the first Article thereof so that, as amended, said Article shall be and read as follows:

"The name of the Corporation is Abbott Diabetes Care Inc."

FURTHER RESOLVED, the proper officers of the Corporation are hereby authorized to file the necessary certificate effecting said amendment with the Secretary of State of Delaware and to file with the proper state official of any state in which the Corporation is authorized to do business as a foreign corporation such evidence of said amendment and/or any other instrument as may be required by the laws of such state.



Thomas C. Freyman  
Sole Director

Done at Abbott Park, Illinois  
July 26, 2005

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:02 AM 07/28/2005  
FILED 10:03 PM 07/28/2005  
SRV 050625610 - 3283408 FILE

CERTIFICATE OF AMENDMENT OF  
AMENDED AND REBATED  
CERTIFICATE OF INCORPORATION

\*\*\*\*\*

TheraSense, Inc., a corporation organized and existing under and by virtue of the General  
Corporation Law of the State of Delaware,

DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of said corporation, by unanimous written consent of  
its member filed with the minutes of the Board, adopted a resolution proposing and declaring  
advisable the following amendment to the Amended and Restated Certificate of Incorporation  
of said corporation:

RESOLVED, that effective August 1, 2005, the Amended and Restated Certificate of Incorporation  
of TheraSense, Inc. be amended by changing the first Article thereof so that, as amended, said Article shall  
be and read as follows:

"The name of the Corporation is Abbott Diabetes Care Inc."

SECOND: That in lieu of a meeting and a vote of stockholders, the stockholders have given  
written consent to said amendment in accordance with the provisions of Section 228 of the General  
Corporation Law of the State of Delaware.

THIRD: That the aforesaid amendment was duly adopted in accordance with the applicable  
provisions of Sections 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed by its Secretary,  
this 25<sup>th</sup> day of July, 2005.

  
By: Honey Lynn Goldberg  
Secretary

RECORDED: 09/07/2007

TRADEMARK  
REEL: 003617 FRAME: 0022

## TRADEMARK ASSIGNMENT

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|----------------------------|---------------------------|--------------------------|--------------|
| SUBMISSION TYPE:           | NEW ASSIGNMENT            |                          |              |
| NATURE OF CONVEYANCE:      | CHANGE OF NAME            |                          |              |
| CONVEYING PARTY DATA       |                           |                          |              |
| Name                       | Formerly                  | Execution Date           | Entity Type  |
| Abbott Diabetes Care Inc.  | FORMERLY Therasense, Inc. | 08/01/2005               | CORPORATION: |
| RECEIVING PARTY DATA       |                           |                          |              |
| Name:                      | Abbott Diabetes Care Inc. |                          |              |
| Street Address:            | 100 Abbott Park Road      |                          |              |
| City:                      | Abbott Park               |                          |              |
| State/Country:             | ILLINOIS                  |                          |              |
| Postal Code:               | 60064                     |                          |              |
| Entity Type:               | CORPORATION:              |                          |              |
| PROPERTY NUMBERS Total: 12 |                           |                          |              |
| Property Type              | Number                    | Word Mark                |              |
| Registration Number:       | 2670744                   | FREESTYLE                |              |
| Serial Number:             | 78670180                  | FREESTYLE                |              |
| Serial Number:             | 78670186                  | FREESTYLE                |              |
| Serial Number:             | 78502663                  | FREESTYLE CONNECT        |              |
| Registration Number:       | 2851893                   | FREESTYLE COPILOT        |              |
| Serial Number:             | 78218585                  | FREESTYLE FLASH          |              |
| Serial Number:             | 78574141                  | FREESTYLE FREEDOM        |              |
| Serial Number:             | 78257509                  | FREESTYLE NAVIGATOR      |              |
| Serial Number:             | 78257516                  | FREESTYLE PILOT          |              |
| Serial Number:             | 76382314                  | FREESTYLE TRACKER        |              |
| Registration Number:       | 2545754                   | THE TECHNOLOGY OF CARING |              |
| Registration Number:       | 2455840                   | THERASENSE               |              |
| CORRESPONDENCE DATA        |                           |                          |              |

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TRADEMARK  
REEL: 003143 FRAME: 0791LifeScan, Inc.. Ex. 1015 - Page 71  
LifeScan, Inc. v. Facet Technologies LLC  
IPR2023-00712 - U.S. Patent No. 8,840,635

CH \$315.00 2670744

Fax Number: (847)935-6552  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Phone: 847-937-5121  
Email: trademarks@abbott.com  
Correspondent Name: Abbott Diabetes Care  
Address Line 1: 100 Abbott Park Road  
Address Line 4: Abbott Park, ILLINOIS 60064

|                      |                  |
|----------------------|------------------|
| NAME OF SUBMITTER:   | Carl Silverman   |
| Signature:           | /Carl Silverman/ |
| Date:                | 08/19/2005       |
| Total Attachments: 0 |                  |

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**RECORDED: 08/19/2005**

**TRADEMARK**  
**REEL: 003143 FRAME: 0793**  
LifeScan, Inc.. Ex. 1015 - Page 73  
LifeScan, Inc. v. Facet Technologies LLC  
IPR2023-00712 - U.S. Patent No. 8,840,635

RECORDATION  
07-27-2001

HEET

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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To the Honorable Commissioner of Patents

101789703

Secure the attached original documents or copy thereof.

1. Name of conveying party(ies):

TheraSense, Inc.

- ☐ Individual(s) ☐ Association  
☐ General Partnership ☐ Limited Partnership  
☒ Corporation-State California  
☐ Other

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

3. Nature of conveyance:

- ☐ Assignment ☒ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other

Execution Date: October 23, 2000

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

Name: TheraSense, Inc.

Internal Address: JUL 23 2001

Street Address: 1360 South Loop Road

City: Alameda State: CA ZIP: 94502

- ☐ Individual(s) citizenship  
☐ Association  
☐ General Partnership  
☐ Limited Partnership  
☒ Corporation-State Delaware  
☐ 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

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

A. Trademark Application No.(s)

75/697,764

75/793,921

B. Trademark Registration No.(s)

2,455,840

Additional numbers attached? ☐ Yes ☒ No

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

Name: Suzanne M. Turner

Internal Address: Wilson Sonsini Goodrich & Rosati

Trademark Docket

Street Address: 650 Page Mill Road

City: Palo Alto State: CA ZIP: 94304

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41).....\$ 90.00

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02 FC:482 50.00 DP

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.

Suzanne M. Turner

Name of Person Signing

*Su*

Signature

July 18, 2001

Date

Total number of pages including cover sheet, attachments, and document: 10

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
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State of Delaware  
Office of the Secretary of State

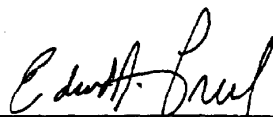
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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AGREEMENT OF MERGER, WHICH MERGES:  
"THERASENSE, INC.", A CALIFORNIA CORPORATION,  
WITH AND INTO "THERASENSE, INC." UNDER THE NAME OF  
"THERASENSE, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2000, AT 9 O'CLOCK A.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



  
Edward J. Freel, Secretary of State

3283408 8100M

AUTHENTICATION: 0753040

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DATE: 10-25-00

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**AGREEMENT AND PLAN OF MERGER  
OF THERASENSE, INC.  
A DELAWARE CORPORATION  
AND  
A CALIFORNIA CORPORATION**

THIS AGREEMENT AND PLAN OF MERGER dated as of October 20, 2000 (the "Agreement") is between TheraSense, Inc., a Delaware corporation ("TheraSense Delaware") and TheraSense, Inc., a California corporation ("TheraSense California"). TheraSense Delaware and TheraSense California are sometimes referred to herein as the "Constituent Corporations."

**RECITALS**

A. TheraSense Delaware is a corporation duly organized and existing under the laws of the State of Delaware and has an authorized capital of 70,609,647 shares, 50,000,000 of which are designated "Common Stock," \$0.001 par value, and 20,609,647 of which are designated "Preferred Stock," \$0.001 par value. Of such authorized shares of Preferred Stock, 4,500,123 shares are designated "Series A Preferred Stock," 7,609,524 shares are designated "Series B Preferred Stock" and 8,500,000 shares are designated as "Series C Preferred Stock." As of the date of this Agreement of Merger, 100 shares of Common Stock were issued and outstanding, all of which were held by TheraSense California. No shares of Preferred Stock were outstanding.

B. TheraSense California is a corporation duly organized and existing under the laws of the State of California and has an authorized capital of 141,219,294 shares, 100,000,000 of which are designated "Common Stock," no par value, and 41,219,294 of which are designated "Preferred Stock," no par value. Of such authorized shares of Preferred Stock, 9,000,246 shares are designated "Series A Preferred Stock," 15,298,048 shares are designated "Series B Preferred Stock" and 17,000,000 shares are designated as "Series C Preferred Stock." As of the date of this Agreement and Plan of Merger, 10,182,895 shares of Common Stock, 8,891,550 shares of Series A Preferred Stock, 14,285,714 shares of Series B Preferred Stock and 16,980,320 shares of Series C Preferred Stock were issued and outstanding.

C. The Board of Directors of TheraSense California has determined that, for the purpose of effecting the reincorporation of TheraSense California in the State of Delaware, it is advisable and in the best interests of TheraSense California that TheraSense California merge with and into TheraSense Delaware upon the terms and conditions herein provided.

D. The respective Boards of Directors of TheraSense Delaware and TheraSense California have approved this Agreement and have directed that this Agreement be submitted to a vote of their respective shareholders and executed by the undersigned officers.

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NOW, THEREFORE, in consideration of the mutual agreements and covenants set forth herein, TheraSense Delaware and TheraSense California hereby agree, subject to the terms and conditions hereinafter set forth, as follows:

# I. MERGER

1.1 Merger. In accordance with the provisions of this Agreement, the Delaware General Corporation Law and the California General Corporation Law, TheraSense California shall be merged with and into TheraSense Delaware (the "Merger"), the separate existence of TheraSense California shall cease and TheraSense Delaware shall be, and is herein sometimes referred to as, the "Surviving Corporation," and the name of the Surviving Corporation shall be TheraSense, Inc.

1.2 Filing and Effectiveness. The Merger shall become effective when the following actions shall have been completed:

(a) This Agreement and Merger shall have been adopted and approved by the shareholders of each Constituent Corporation in accordance with the requirements of the Delaware General Corporation Law and the California General Corporation Law;

(b) All of the conditions precedent to the consummation of the Merger specified in this Agreement shall have been satisfied or duly waived by the party entitled to satisfaction thereof; and

(c) An executed Agreement and Plan of Merger meeting the requirements of the Delaware General Corporation Law shall have been filed with the Secretary of State of the State of Delaware.

The date and time when the Merger shall become effective, as aforesaid, is herein called the "Effective Date of the Merger."

1.3 Effect of the Merger. Upon the Effective Date of the Merger, the separate existence of TheraSense California shall cease and TheraSense Delaware, as the Surviving Corporation, (i) shall continue to possess all of its assets, rights, powers and property as constituted immediately prior to the Effective Date of the Merger, (ii) shall be subject to all actions previously taken by its and TheraSense California's Board of Directors, (iii) shall succeed, without other transfer, to all of the assets, rights, powers and property of TheraSense California in the manner more fully set forth in Section 259 of the Delaware General Corporation Law, (iv) shall continue to be subject to all of the debts, liabilities and obligations of TheraSense Delaware as constituted immediately prior to the Effective Date of the Merger, and (v) shall succeed, without other transfer, to all of the debts, liabilities and obligations of TheraSense California in the same manner as if TheraSense Delaware had itself incurred them, all as more fully provided under the applicable provisions of the Delaware General Corporation Law and the California General Corporation Law.

## II. CHARTER DOCUMENTS, DIRECTORS AND OFFICERS

2.1 Certificate of Incorporation. The Certificate of Incorporation of TheraSense Delaware as in effect immediately prior to the Effective Date of the Merger shall continue in full force and effect as the Certificate of Incorporation of the Surviving Corporation until duly amended in accordance with the provisions thereof and applicable law.

2.2 Bylaws. The Bylaws of TheraSense Delaware as in effect immediately prior to the Effective Date of the Merger shall continue in full force and effect as the Bylaws of the Surviving Corporation until duly amended in accordance with the provisions thereof and applicable law.

2.3 Directors and Officers. The directors and officers of TheraSense California immediately prior to the Effective Date of the Merger shall be the directors and officers of the Surviving Corporation until their successors shall have been duly elected and qualified or as otherwise provided by law, the Certificate of Incorporation of the Surviving Corporation or the Bylaws of the Surviving Corporation.

## III. MANNER OF CONVERSION OF STOCK

3.1 TheraSense California Common Shares. Upon the Effective Date of the Merger, two shares of TheraSense California Common Stock, no par value, issued and outstanding immediately prior thereto shall, by virtue of the Merger, and without any action by the Constituent Corporations, by the holder of such shares or by any other person, be converted into and exchanged for one fully paid and nonassessable share of Common Stock, \$0.001 par value, of the Surviving Corporation. No fractional share interests of Surviving Corporation Common Stock shall be issued. In lieu thereof, any fractional share interests to which a holder would otherwise be entitled shall be aggregated.

### 3.2 TheraSense California Preferred Shares.

(a) Upon the Effective Date of the Merger, two shares of Series A Preferred Stock, Series B Preferred Stock and Series C Preferred Stock of TheraSense California, no par value, issued and outstanding immediately prior to the Merger, which shares are convertible into such number of shares of TheraSense California Common Stock as set forth in the TheraSense California Articles of Incorporation, as amended, shall, by virtue of the Merger, and without any action by the Constituent Corporations, by the holder of such shares or by any other person, be converted into or exchanged for one fully paid and nonassessable share of Series A Preferred Stock, Series B Preferred Stock or Series C Preferred Stock, \$0.001 par value, of the Surviving Corporation, respectively, having such rights, preferences and privileges as set forth in the Certificate of Incorporation of the Surviving Corporation, which share of Preferred Stock shall be convertible into the shares of the Surviving Corporation's Common Stock, \$0.001 par value, as such share of TheraSense California Preferred Stock was so convertible into immediately prior to the Effective Date of the Merger, subject to adjustment pursuant to the terms of the Certificate of Incorporation of the Surviving Corporation.

### 3.3 TeraSense California Options, Stock Purchase Rights and Convertible Securities.

(a) Upon the Effective Date of the Merger, the Surviving Corporation shall assume the obligations of TeraSense California under, and continue, the option plans (including without limitation the 1997 Stock Option Plan) and all other employee benefit plans of TeraSense California. Each outstanding and unexercised option, other right to purchase, or security convertible into TeraSense California Common Stock or TeraSense California Preferred Stock (a "Right") shall become, subject to the provisions in paragraph (c) hereof, an option, right to purchase or a security convertible into the Surviving Corporation's Common Stock or Preferred Stock, respectively, on the basis of one share of the Surviving Corporation's Common Stock or Preferred Stock, as the case may be, for every two shares of TeraSense California Common Stock or Preferred Stock, as the case may be, issuable pursuant to any such Right, on the same terms and conditions and at an exercise price equal to double the exercise price applicable to any such TeraSense California Right at the Effective Date of the Merger. This paragraph 3.3(a) shall not apply to TeraSense California Common Stock or Preferred Stock. Such Common Stock and Preferred Stock are subject to paragraph 3.1 and 3.2, respectively, hereof.

(b) A number of shares of the Surviving Corporation's Common Stock and Preferred Stock shall be reserved for issuance upon the exercise of options, stock purchase rights and convertible securities equal to half the number of shares of TeraSense California Common Stock and TeraSense California Preferred Stock so reserved immediately prior to the Effective Date of the Merger.

(c) The assumed Rights shall not entitle any holder thereof to a fractional share upon exercise or conversion (unless the holder was entitled to a fractional interest immediately prior to the Merger). In lieu thereof, any fractional share interests to which a holder of an assumed Right (other than an option issued pursuant to TeraSense Delaware's 1997 Stock Option Plan) would otherwise be entitled upon exercise or conversion shall be aggregated (but only with other similar Rights which have the same per share terms). To the extent that after such aggregation, the holder would still be entitled to a fractional share with respect thereto upon exercise or conversion, the holder shall be entitled upon the exercise or conversion of all such assumed Rights pursuant to their terms (as modified herein), to one full share of Common Stock or Preferred Stock in lieu of such fractional share. With respect to each class of such similar Rights, no holder will be entitled to more than one full share in lieu of a fractional share upon exercise or conversion.

Notwithstanding the foregoing, with respect to options issued under the TeraSense California 1997 Stock Option Plan that are assumed in the Merger, the number of shares of Common Stock to which the holder would be otherwise entitled upon exercise of each such assumed option following the Merger shall be rounded down to the nearest whole number and the exercise price shall be rounded up to the nearest whole cent. In addition, no "additional benefits" (within the meaning of Section 424(a)(2) of the Internal Revenue Code of 1986, as amended) shall be accorded to the optionees pursuant to the assumption of their options.

3.4 **TheraSense Delaware Common Stock.** Upon the Effective Date of the Merger, each share of Common Stock, \$0.001 par value, of TheraSense Delaware issued and outstanding immediately prior thereto shall, by virtue of the Merger, and without any action by TheraSense Delaware, the holder of such shares or any other person, be canceled and returned to the status of authorized but unissued shares.

3.5 **Exchange of Certificates.** After the Effective Date of the Merger, each holder of an outstanding certificate representing shares of TheraSense California Common Stock or Preferred Stock may be asked to surrender the same for cancellation to an exchange agent, whose name will be delivered to holders prior to any requested exchange (the "Exchange Agent"), and each such holder shall be entitled to receive in exchange therefor a certificate or certificates representing the number of shares of the Surviving Corporation's Common Stock or Preferred Stock, as the case may be, into which the surrendered shares were converted as herein provided. Until so surrendered, each outstanding certificate theretofore representing shares of TheraSense California Common Stock or Preferred Stock shall be deemed for all purposes to represent the number of shares of the Surviving Corporation's Common Stock or Preferred Stock, respectively, into which such shares of TheraSense California Common Stock or Preferred Stock, as the case may be, were converted in the Merger.

The registered owner on the books and records of the Surviving Corporation or the Exchange Agent of any such outstanding certificate shall, until such certificate shall have been surrendered for transfer or conversion or otherwise accounted for to the Surviving Corporation or the Exchange Agent, have and be entitled to exercise any voting and other rights with respect to and to receive dividends and other distributions upon the shares of Common Stock or Preferred Stock of the Surviving Corporation represented by such outstanding certificate as provided above.

Each certificate representing Common Stock or Preferred Stock of the Surviving Corporation so issued in the Merger shall bear the same legends, if any, with respect to the restrictions on transferability as the certificates of TheraSense California so converted and given in exchange therefore, unless otherwise determined by the Board of Directors of the Surviving Corporation in compliance with applicable laws.

If any certificate for shares of the Surviving Corporation's stock is to be issued in a name other than that in which the certificate surrendered in exchange therefor is registered, it shall be a condition of issuance thereof that the certificate so surrendered shall be properly endorsed and otherwise in proper form for transfer, that such transfer otherwise be proper and comply with applicable securities laws and that the person requesting such transfer pay to the Exchange Agent any transfer or other taxes payable by reason of issuance of such new certificate in a name other than that of the registered holder of the certificate surrendered or establish to the satisfaction of the Surviving Corporation that such tax has been paid or is not payable.

#### IV. GENERAL

4.1 **Covenants of TheraSense Delaware.** TheraSense Delaware covenants and agrees that it will, on or before the Effective Date of the Merger:

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- (a) Qualify to do business as a foreign corporation in the State of California and, in connection therewith, irrevocably appoint an agent for service of process as required under the provisions of Section 2105 of the California General Corporation Law.
- (b) File any and all documents with the California Franchise Tax Board necessary for the assumption by TheraSense Delaware of all of the franchise tax liabilities of TheraSense California.
- (c) Take such other actions as may be required by the California General Corporation Law.

4.2 Further Assurances. From time to time, as and when required by TheraSense Delaware or by its successors or assigns, there shall be executed and delivered on behalf of TheraSense California such deeds and other instruments, and there shall be taken or caused to be taken by it such further and other actions as shall be appropriate or necessary in order to vest or perfect in or conform of record or otherwise by TheraSense Delaware the title to and possession of all the property, interests, assets, rights, privileges, immunities, powers, franchises and authority of TheraSense California and otherwise to carry out the purposes of this Agreement, and the officers and directors of TheraSense Delaware are fully authorized in the name and on behalf of TheraSense California or otherwise to take any and all such action and to execute and deliver any and all such deeds and other instruments.

**4.3 Abandonment.** At any time before the Effective Date of the Merger, this Agreement may be terminated and the Merger may be abandoned for any reason whatsoever by the Board of Directors of either TheraSense California or of TheraSense Delaware, or of both, notwithstanding the approval of this Agreement by the shareholders of TheraSense California or by the sole stockholder of TheraSense Delaware, or by both.

4.4 Amendment. The Boards of Directors of the Constituent Corporations may amend this Agreement at any time prior to the filing of this Agreement (or certificate in lieu thereof) with the Secretary of State of the State of Delaware, provided that an amendment made subsequent to the adoption of this Agreement by the stockholders of either Constituent Corporation shall not: (a) alter or change the amount or kind of shares, securities, cash, property and/or rights to be received in exchange for or on conversion of all or any of the shares of any class or series thereof of such Constituent Corporation, (b) alter or change any term of the Certificate of Incorporation of the Surviving Corporation to be effected by the Merger, or (c) alter or change any of the terms and conditions of this Agreement if such alteration or change would adversely affect the holders of any class or series of capital stock of either Constituent Corporation.

4.5 **Registered Office.** The registered office of the Surviving Corporation in the State of Delaware is 1209 Orange Street, Wilmington, County of New Castle, Delaware 19801 and The Corporation Trust Company is the registered agent of the Surviving Corporation at such address.

4.6 Agreement. Executed copies of this Agreement will be on file at the principal place of business of the Surviving Corporation at 1360 South Loop Road, Alameda, California 94502, and copies thereof will be furnished to any shareholder of either Constituent Corporation, upon request and without cost.

4.7 Governing Law. This Agreement shall in all respects be construed, interpreted and enforced in accordance with and governed by the laws of the State of Delaware and, so far as applicable, the merger provisions of the California General Corporation Law.

4.8 FIRPTA Notification. (a) On the Effective Date of the Merger, TheraSense California shall deliver to TheraSense Delaware, as agent for the shareholders of TheraSense California, a properly executed statement (the "Statement") substantially in the form attached hereto as Exhibit A. TheraSense Delaware shall retain the Statement for a period of not less than seven years and shall, upon request, provide a copy thereof to any person that was a shareholder of TheraSense California immediately prior to the Merger. In consequence of the approval of the Merger by the shareholders of TheraSense California, (i) such shareholders shall be considered to have requested that the Statement be delivered to TheraSense Delaware as their agent and (ii) TheraSense Delaware shall be considered to have received a copy of the Statement at the request of the TheraSense California shareholders for purposes of satisfying TheraSense Delaware's obligations under Treasury Regulation Section 1.1445-2(c)(3).

(b) TheraSense California shall deliver to the Internal Revenue Service a notice regarding the Statement in accordance with the requirements of Treasury Regulation Section 1.897-2(h)(2).

IN WITNESS WHEREOF, this Agreement having first been approved by the Boards of Directors of TheraSense Delaware and TheraSense California is hereby executed on behalf of each of such two corporations and attested by their respective officers thereunto duly authorized.

**THERASENSE, INC.**  
a Delaware corporation

By:

**Charlie Llamas, Chief Financial Officer**

Karen Dempsey  
Secretary

**THERASENSE, INC.**  
a California corporation

**By:**

**Charlie Cramos, Chief Financial Officer**

Karen Dempsey  
Secretary