| FORM PTO-1595 | 04-28-199 | SHEET |
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| (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94) | | U.S. DEPARTMENT OF COMMERCI |
| Tab settings 🖚 🖚 🔻 | | ■ APR 1 3 1998 ▼ |
| To the Honorable Commissioner | 100696981 | |
| 1. Name of conveying party(ies): | | 2. Name and addresserving party(ies): |
| Patrick J. Anderson | | Name: WR Medical Electronics Co. |
| | Da al | Name. WR Medical Electromes Co. |
| | 4-13-98 | Internal Address: |
| Additional name(s) of conveying party(ies) atta | ached? 🗌 Yes 🔀 No | |
| 3. Nature of conveyance: | | |
| X Assignment | Merger | Street Address: 123 North Second Street |
| Security Agreement | | |
| | Change of Name | |
| Other | | City: <u>Stillwater</u> State: <u>MN</u> ZIP: 55082 |
| Execution Date: March 10, 1998 | | Additional name(s) & address(es) attached? |
| 4. Application number(s) or patent | number(s): | |
| | | n, the execution date of the application is: |
| A. Patent Application No.(s) | genier mit a new approacte. | B. Patent No.(s) |
| | | D. Fatent NO.(S) |
| 08/999,161 | | |
| 04/27/1998 DCDATES 00000280 08999161 | | |
| 01 FC:581 40.0 | o gp Additional numbers atta | ached? 🔲 Yes 🔀 No |
| | · • | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: | | 6. Total number of applications and patents involved: |
| concerning document should be i | nancu. | |
| Name: Joel D. Skinner, Jr. | | 7. Total fee (37 CFR 3.41)s <u>40</u> |
| Internal Address: Skinner and A | ssociates | |
| | | |
| | | X Enclosed |
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| | | Enclosed Authorized to be charged to deposit account |
| Street Address: 619 Second St.: | | Authorized to be charged to deposit account |
| Street Address: <u>619 Second St.;</u> | | |
| | | Authorized to be charged to deposit account |
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| | <u>STE. 201</u> State: <u>WI</u> ZIP: <u>54016</u> | Authorized to be charged to deposit account 8. Deposit account number: |
| City: <u>Hudson</u> | <u>STE. 201</u> State: <u>WI</u> ZIP: <u>54016</u> DO NOT | Authorized to be charged to deposit account 8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account) |
| City: <u>Hudson</u> 9. Statement and signature. | <u>STE. 201</u> State: <u>WI</u> ZIP: <u>54016</u> DO NOT | Authorized to be charged to deposit account 8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account) |
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| City: <u>Hudson</u> 9. Statement and signature. To the best of my knowledge an the original document. Joel D. Skinner, Jr. | <u>STE. 201</u> State: <u>WI</u> ZIP: <u>54016</u> DO NOT | Authorized to be charged to deposit account 8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account) USE THIS SPACE nation is true and correct and any attached copy is a true copy of V-8-98 |
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| City: <u>Hudson</u> 9. Statement and signature. To the best of my knowledge an the original document. Joel D. Skinner, Jr. | STE. 201 State: <u>WI</u> ZIP: <u>54016</u> DO NOT ad belief, the foregoing inform <u>J</u> Total number of pages including co Mell documents to be recorded with Commissioner of Patents & Washington | Authorized to be charged to deposit account Authorized to be charged to deposit account Superstance Attach duplicate copy of this page if paying by deposit account) USE THIS SPACE Mathematical and correct and any attached copy is a true copy of Mathematical and correct and any attached copy is a true copy of Mathematical and coursent: Date Date Date |
| City: <u>Hudson</u> 9. Statement and signature. To the best of my knowledge an the original document. Joel D. Skinner, Jr. | STE. 201 State: <u>WI</u> ZIP: <u>54016</u> DO NOT ad belief, the foregoing inform <u>J</u> Total number of pages including co Mell documents to be recorded with Commissioner of Patents & Washington | Authorized to be charged to deposit account Authorized to the page if paying by deposit account Use THIS SPACE Authorized to the page if paying by deposit account Authorized to the page if paying by deposit account Date Authorized to the page if paying by deposit account Date Date Date Authorized to the page if paying by deposit account Trademarks, Box Assignments on, D.C. 20231 |

and participants and a second second second

ASSIGNMENT OF ALL INVENTION RIGHTS FROM INVENTOR(S)

THIS ASSIGNMENT is effective as of the date opposite each signatory hereto. BACKGROUND INFORMATION

1. The person named below ("Assignor"), is an original, first and sole or joint inventor(s) of an invention entitled: PARAFFIN BATH MIXTURE REFILL AND METHODS OF MANUFACTURE AND USE THEREFOR ("Invention");

has filed an application for United States Patent on or about December 29, 1997 having Serial No. 08/999,161; and

said application issued as U.S. Patent No. _____ on _____.

2. The Assignor wishes to transfer all rights to the Invention to WR Medical Electronics Co., 123 North Second Street, Stillwater, MN 55082 ("Assignee").

AGREEMENTS

NOW, THEREFORE, in consideration of and in exchange for the sum of One Dollar (\$1.00) (given to each Assignor, if plural) and other good and valuable consideration, the sufficiency and receipt of which is acknowledged, Assignor agrees as follows:

1. Assignor agrees to assign and transfer and does hereby assign and transfer unto Assignee, their entire right and title to the Invention, and to any and all patent applications filed thereon in the U.S. and foreign countries, and to any and all divisions, continuations or continuations-in-part thereof, and to any and all regular applications based on any provisional application, and to any and all improvements in the Invention made by Assignor, or made jointly with others, and to any and all patents based thereon, in the U.S. and foreign countries, and to any and all reissues or extensions thereof.

2. Assignor agrees to execute and deliver, without further consideration, any further documents, and to perform such other acts as they lawfully may, that may be deemed necessary by the Assignee, to secure its interest and to obtain or maintain applications and/or patents in any and all countries.

3. Assignor authorizes the Assignee, to insert in this instrument the filing date, serial number, patent number and/or issue date of any patent application and/or patent referred to herein, when ascertained.

PATENT REEL: 9119 FRAME: 0251

4. Assignor authorizes and requests the Commissioner of Patents and Trademarks to issue any and all patents which may be granted upon any and all applications referred to herein, to the Assignee.

5. Assignor acknowledges that he has made no other assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed and that he has the full right to make this Assignment.

6. This Assignment shall be binding upon and inure to the benefit of the Assignor and the Assignee, and their heirs, successors and/or assigns.

7. This Assignment shall be governed and construed in accordance with the laws of the U.S. and the State of Minnesota. Assignor agrees to submit voluntarily to the jurisdiction and venue of any court situated in said State with respect to any litigation pertaining to this Assignment.

IN WITNESS WHEREOF, the Assignor has signed his name.

ASSIGNOR 10 Х

Date: X 10 March 1998

Name: Patrick J. Anderson

NOTARY

State of <u>Minnesol</u> ω County of <u>Worshington</u>) SS:

Before me personally appeared the above named Assignor, Patrick J. Anderson and acknowledged the foregoing instrument to be their free act and deed this 10th day of March, 19 9k.

Notary Public

SKINNER AND ASSOCIATES HUDSON, WISCONSIN USA g:\forms\us\7-2b.doc



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RECORDED: 04/13/1998