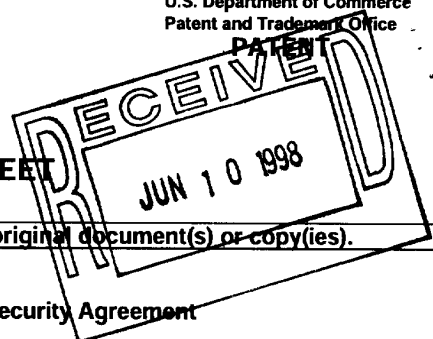


06-23-1998



100744940

RECORDATION FORM COVER SHEET  
PATENTS ONLY



TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID#
- Correction of PTO Error  
Reel #  Frame #
- Corrective Document  
Reel #  Frame #

Conveyance Type

- Assignment  Security Agreement
  - License  Change of Name
  - Merger  Other
- U.S. Government**  
(For Use ONLY by U.S. Government Agencies)
- Departmental File  Secret File

Conveying Party(ies)

Mark if additional names of conveying parties attached

Name (line 1)  Execution Date Month Day Year

Name (line 2)

Second Party

Name (line 1)  Execution Date Month Day Year

Name (line 2)

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country Zip Code

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

REEL: 9245 FRAME: 0366

06/22/1998 11:11 AM 00000236 5423047 40.00 UP 01 Pt. 50

**Correspondent Name and Address** Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. #

**Application Number(s) or Patent Number(s)**  Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)			Patent Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5,423,847"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

**Patent Cooperation Treaty (PCT)**

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>
PCT <input type="text"/>	PCT <input type="text"/>	PCT <input type="text"/>

**Number of Properties** Enter the total number of properties involved. #

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**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. Charges to deposit account are authorized, as indicated herein.*

Marina T. Larson *Marina T Larson* 6/7/98

Name of Person Signing Signature Date

SELF.I-021

ASSIGNMENT OF PATENT

Whereas, AMG Medical Inc. of Montreal, Canada, is the owner by assignment of US Patent No. 5,423,847, entitled "Safe Lancet Injector" issued by the US Patent and Trademark Office on June 13, 1995, and is now the sole owner of said patent; and

Whereas, Selfcare, Inc. a corporation organized under the laws of the State of Delaware, whose post office address is 200 Prospect Street, Waltham, MA 02154 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt of which is hereby acknowledged, and other good and valuable consideration, AMG Medical Inc, by these presents does sell, assign and transfer unto Selfcare, Inc. the entire, right, title and interest in and to US Patent No. 5,423,847; the same to be held and enjoyed by Selfcare, Inc. for its own use and behoof, and for its legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made, including the right to sue and recover damages for past infringements.

Executed this 4<sup>TH</sup> day of May, 1998, at \_\_\_\_\_

Witness  
BY: [Signature] Date: 5/12/98  
ARLTON GOLDEN  
Witness  
BY: [Signature] Date: 5/12/98  
DANNY MORGAN

[Signature]  
By: BEN TOPOR  
Title: VICE PRESIDENT

BE IT KNOWN, that on this \_\_\_\_\_ day of \_\_\_\_\_, 1998, before me personally came, \_\_\_\_\_, to me known and known to me to be the person mentioned in and who executed the foregoing assignment, and he acknowledged to me that he executed the same as his free act and deed for the purposes therein mentioned.

\_\_\_\_\_  
Notary Public