

12-29-1998



SHEET

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Form PTO-1595
(Rev. 6-93)

OMB No. 0651-0011 (exp. 4/94)

100930807

18-12-21-98
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To The Honorable Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies) thereof.

1. Name of conveying party(ies):
Neil Smith and Rob Webb

Additional name(s) of conveying party(ies) attached? ___ Yes XX No

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

Name: Reliance Medical Products, Inc.

Internal Address:

Street Address: 3535 Kings Mills Road

City: Mason

State: OH Zip: 45040

Additional name(s) & address(es) attached? ___ Yes XX No

2. Nature of conveyance:

XX Assignment ___ Merger

___ Security Agreement ___ Change of Name

___ Other _____

Execution Date: December 14, 1998

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

29/095,482

B. Patent No.(s)

Additional numbers attached? ___ Yes XX No

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

Name: Kevin G. Rooney

Internal Address: Wood, Herron & Evans, L.L.P.
2700 Carew Tower

Street Address: 441 Vine Street

City: Cincinnati State: Ohio Zip: 45202

6. Total number of applications and patents
involved: 1

7. Total fee (37 CFR 3.41):\$40.00

XX Enclosed

XX Authorized to be charged to deposit account
If deficiencies occur

8. Deposit Account Number: 23-3000

(Attach duplicate copy of this page if paying by deposit account)

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9. Statement and Signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Kevin G. Rooney, Reg. No. 36,330

December 16, 1998

Signature

Date

Total number of pages comprising cover sheet, attachments, and document(s): 5

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

PATENT
REEL: 009658 FRAME: 0848

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Full Name of Second Inventor: Webb Ron
Last Name First Name Middle Name
[Signature] 12/14/98
Signature Date

Post Office Address: 770 Jefferson Lane Red Lion, Pennsylvania 17356
Post Office Address City, State or County Zip Code

STATE Pennsylvania)
) SS
COUNTY York)

On this 14th day of December, 1998, before me personally appeared Ron Webb to me known and known by me to be the above-named individual who acknowledged the signing of the foregoing instrument to be a voluntary act and deed and who executed the same for the uses and purposes therein specified.

[Signature]
Notary Public NOTARIAL SEAL
DEBRA L. LENTZ, NOTARY PUBLIC
YORK, YORK COUNTY, PA
MY COMMISSION EXPIRES APRIL 30, 2001

(SEAL)