	 01 - 28 - 1999
FORM 1 TO-1595 RECORDATION FOR	: 22(2) 12: 22: 12: 22: 12: 22: 12: 22: 22: 22:
1-31-92 PATENTS	
To the Assistant Commissioner for Patents: Please record the attached orig	
Name of conveying party(ies): Clifford Eugene Gammons Joseph G. Jones	2. Name and address of receiving party(is) Name: Adroit Medical Systems, Inc. 1985 Internal Address:
Additional name(s) of conveying party(ies) attached? []Yes [X]No	Street Address: 1146 Carding Machine Road
3. Nature of conveyance: [XX] Assignment [] Merger [] Security Agreement [] Change of Name [] Other Execution Date: 1/11/99 4. Application number(s) or patent number(s): 072-7	City: Loudon State: TN ZIP: 37774-0277 Additional name(s) & address(es) attached? [] Yes [X] No
If this document is being filed together with a new application	on, the execution date of the application is: 1/11/99
A. Patent Application No.(s)	B. Patent No.(s)
Additional numbers attacts. Name and address of party to whom correspondence	ched? [] Yes [X] No /-/2-99 6. Total number of applications and patents involved:
concerning document should be mailed:	[01]
Name: <u>Jeffrey N. Cutler</u>	7. Total fee (37 CFR 3.41):\$\(\frac{40.00}{}\)
Internal Address: Pitts & Brittian, P.C.	[XX] Enclosed
Street Address:	[] Authorized to be charged to deposit account
1/25/1999-500075 51295 2 FGSty: Knoxville State: 47.00 0pZIP: 37950-1295	8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account)
DO NOT USE T	THIS SPACE
9. Statement and signature. To the best of my knowledge and belief, the foregoing is a true copy of the original document.	information is true and correct and any attached copy
Jeffrey N. Cutler	Col 1/12/99
Name of Person Signing Signature V	Date including cover sheet, attachments and document: [03]

PATENT REEL: 9722 FRAME: 0469

ASSIGNMENT

We, Clifford Eugene Gammons, a resident of Loudon County, Tennessee, whose post office address is 784 Butler Drive, Loudon, Tennessee, 37774; and Joseph G. Jones, a resident of McMinn County, Tennessee, whose post office address is 128 Hillcrest Drive, Englewood, Tennessee, 37329, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign to Adroit Medical Systems, Inc., a Tennessee corporation, domiciled in the County of Loudon, Tennessee, its successors, assigns, and legal representatives the entire right, title and interest throughout the world in and to all subject matter invented by us and disclosed in the application for a Letters Patent in the United States executed by us on the date hereinafter indicated, entitled:

NON-LATEX INVERTED SHEATH DEVICE

and in and to all patent and all convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter or improvements therein. We agree to sign all papers necessary to secure all said patent rights, and request issuance of all said patents to Inventor - Clifford Eugene Gammons

Date: 1-11-20

Date: 1-11-99

REEL: 9722 FRAME: 0470

`	
IN THE COUNTY OF LOUDON) ss.: STATE OF TENNISSEE	
I hereby certify that before me personally appersonally known by me, who then and there was dracknowledged that the foregoing instrument was duthe date appearing at the foot thereof, all of which the	uly sworn by me, and under oath aly signed, sealed and delivered by him on
January 11, , 1999	NOTARY PUBLIC
	My Commission Expires:
	My commission expires Aug. 1, 2001
IN THE COUNTY OF <u>LOUDO</u>) ss.: STATE OF <u>TEMMESSEE</u>	
IN THE COUNTY OF	and under oath acknowledged that the elivered by him on the date appearing at
I hereby certify that before me personally ap by me, who then and there was duly sworn by me, a foregoing instrument was duly signed, sealed and de	and under oath acknowledged that the elivered by him on the date appearing at

RECORDED: 01/12/1999

PATENT REEL: 9722 FRAME: 0471

My commission expires Aug. 1, 2001