

Office
OMB No. 065-0011 (exp. 4/94)



100980045

03/09/1999
09/25/08
02/25/99

MAD 2-25-99

To The Honorable Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies) there

<p>1. Name of conveying party(ies):</p> <p>Steven B. Hoath William L. Pickens Martha O. Visscher</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>3. Name and address of receiving party(ies):</p> <p>Name: <u>CHILDREN'S HOSPITAL MEDICAL CENTER (CHMC)</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>ELLAND & BETHESDA AVENUES</u></p> <p>City: <u>CINCINNATI</u></p> <p>State: <u>OHIO</u> Zip Code: <u>45229</u></p> <p>Country: <u>UNITED STATES</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: <u>February 24, 1999</u></p>	

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: February 24, 1999

A. Patent Application No(s). _____ B. Patent No(s). _____

Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>David J. Josephic, Esquire</u></p> <p>Internal Address: <u>Wood, Herron & Evans, L.L.P.</u> <u>2700 Carew Tower</u></p> <p>Street Address: <u>441 Vine Street</u></p> <p>City: <u>Cincinnati</u> State: <u>Ohio</u> Zip: <u>45202</u></p>	<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 33.41): <u>\$40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account if deficiencies occur</p> <p>8. Deposit Account number: <u>23-3000</u> (Attach duplicate copy of this page is paying by deposit account)</p>
--	---

DO NOT USE THIS SPACE

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.

David J. Josephic (R. No. 22,849)

Name of Person Signing

[Handwritten Signature]

Signature

February 24, 1999

Date

Total number of pages including cover sheet, attachments, and document: [5]

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

PATENT

03/09/1999 10:11:36 0000045 09257008 40.00 08 01 FC:561

