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Form PTO-1595  
(Rev. 6-93)

RECORDA'

U.S. DEPARTMENT OF COMMERCE  
Patent & Trademark Office

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

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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 WebbAdditional name(s) of conveying party(ies) attached? \_\_\_\_ Yes XX No

2. Nature of conveyance:

XX Assignment \_\_\_\_ Merger  
\_\_\_\_ Security Agreement \_\_\_\_ Change of Name  
\_\_\_\_ Other \_\_\_\_\_Execution Date: June 18, 1999

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

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: June 18, 1999

A. Patent Application No.(s)

B. Patent No.(s)

Express Mail No.: EL328387574US filed 6/28/99

Additional numbers attached? \_\_\_\_ Yes XX No5. Name and address of party to whom  
correspondence concerning document  
should be mailed:Name: Kevin G. RooneyInternal Address: Wood, Herron & Evans, L.L.P.  
2700 Carew TowerStreet Address: 441 Vine StreetCity: Cincinnati State: Ohio Zip: 452026. Total number of applications and patents  
involved: 1

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

XX EnclosedXX 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

Signature

June 28, 1999

Date

Total number of pages comprising cover sheet, attachments, and document(s): 4Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents and Trademarks, Box Assignments  
Washington, D.C. 20231PATENT  
REEL: 010065 FRAME: 0597

**ASSIGNMENT OF INVENTION AND PATENTS THEREON**

WHEREAS, we, Neil Smith and Ron Webb have invented A MEDICAL CHAIR AND MEDICAL CHAIR BACK PANEL as fully disclosed for Design Letters Patent so entitled and (check one)

☒ [X] executed by us on even date herewith

☐ [ ] filed by us on \_\_\_\_\_, as Serial No. \_\_\_\_\_, preparatory to obtaining Letters Patent of the United States therefor; and

WHEREAS, RELIANCE MEDICAL PRODUCTS, INC. a corporation organized under the laws of the State of Ohio and having its principal office at 3535 Kings Mills Road, Mason, Ohio, 45040, desires to acquire the entire interest in and to the subject matter disclosed in said application and in and to all patents issued or to be issued thereon.

NOW, THEREFORE, to all whom it may concern, be it known that, for and in consideration of the sum of One Dollar to each of us in hand paid, and other good and valuable consideration, the receipt of which is hereby acknowledged, we have sold, assigned and transferred, and by these presents do sell, assign and transfer unto the said RELIANCE MEDICAL PRODUCTS, INC. our entire right, title and interest in and to the subject matter disclosed in said application and in and to all Letters Patent Domestic and Foreign issued or to be obtained thereon, including all rights and interests with priority rights under the Paris Convention for the Protection of Industrial Property, the International Patent Cooperative Union, European Patent Convention, Common Market Convention, or any other Convention or Union for each country of said Convention or Union; and we do hereby authorize and request the Commissioner of Patents to issue the Letters Patent granted on said application and all future patents granted upon the subject matter disclosed therein to the above-named Assignee, its legal representatives and assigns.

Full Name  
of Inventor:

Smith

Neil

Last Name

First Name

Middle Name

Neil Smith

Signature

June 18, 1999

Date

Post Office

Address:

75 Bragg Street

Hanover, Pennsylvania

17331

Post Office Address

City, State or County

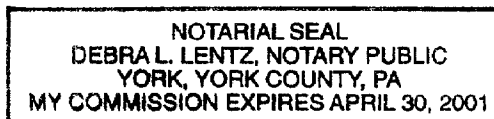
Zip Code

STATE Pennsylvania )  
 ) SS  
COUNTY York )

On this 18th day of June, 1999 before me personally appeared Neil Smith 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.

Debra L. Lentz  
Notary Public

(SEAL)



Full Name  
of Second Inventor: Webb Ron  
Last Name First Name Middle Name  
[Signature] 6/18/99  
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 18th day of June, 1999, 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

(SEAL)

