

To the Honorable Commissioner of Patents and Trademarks

Record the attached original documents or copy thereof.

2. Name and address of receiving party(ies)

Name: Bristol-Myers Squibb Co.

Internal Address: 345 Park Avenue

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Other

Street Address: 345 Park Avenue

City: New York State: ~~NY~~ ⁸ ZIP: 10154

Execution Date: 06/24/99, 06/11/99

Additional name(s) & address(es) attached? ☐ Yes ☒ 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: 06/28/99

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

6. Total number of applications and patents involved: 1

Name: Cary R. Reeves c/o Zimmer, Inc.

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

Internal Address: PO Box 708

☐ Enclosed

☒ Authorized to be charged to deposit account

Street Address: 345 East Main Street

8. Deposit account number:

City: Warsaw State: IN ZIP: 46580

26-0262

07/08/1999 DNGUYEN 00000171 260262 09344970

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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.

Cary R. Reeves

Name of Person Signing

Signature

Date _____

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

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments

Washington D C 20231

x Assignments **PATENT**
REEL: 010071 FRAME: 0095

ASSIGNMENT

(In the case of a single inventor the plural pronoun is meant to be singular. Reference to "inventions" and "discoveries" is meant also to apply to ornamental and industrial designs.)

We, the below-named inventors for good and valuable consideration, receipt whereof is hereby acknowledged, do hereby assign to Bristol-Myers Squibb Company a Delaware corporation, having an office at 345 Park Avenue, New York, New York 10154 (hereinafter referred to as "assignee"), the entire right, title and interest in the United States of America, its territories and possessions in and to any and all of our inventions and discoveries in **Net Shaped and Crosslinked Articulating Bearing Surface for an Orthopaedic Implant**, as described and claimed in our application for Letters Patent of the United States of America, executed by us on 6-11-99 and 6-24-99, in and to any and all patents that issue on the aforesaid patent application, and in and to any continuations, reissues and renewals thereof, the same to be held and enjoyed by the assignee, its successors, assigns or other legal representatives, to the full ends of the terms for which all patents therefor may be granted, as fully and entirely as the same would have been held and enjoyed by us if this assignment had not been made.

And we hereby agree that we will at any time, upon the request and at the expense of the assignee, execute and deliver any and all documents that may be necessary or desirable to divide, continue, perfect, confirm, import or register and to reissue the title to the foregoing inventions and discoveries, patent or design applications, and patents and reissues and renewals thereof in the assignee, its successors, assigns or other legal representatives, and we will make all rightful oaths and do all lawful acts requisite for procuring the same or for aiding therein, without further compensation, but at the expense of the assignee, its successors, assigns or other legal representatives.

We hereby further assign on the same terms and conditions as aforesaid all of our right, title and interest in all countries other than the United States of America including the right of priority under the International Convention for the Protection of Industrial Property and under any other international arrangement to which the United States of America is now or hereafter becomes a signatory, in and to the aforesaid inventions and discoveries to Bristol-Myers Squibb Company, a Delaware corporation having an office at 345 Park Avenue, New York, New York 10154.

We also hereby assign in all countries of the world any and all of our right, title and interest in and to any and all copyright property appertaining any drawings or other materials relating to the tangible means of expression and illustration of the said inventions and discoveries.

This document has been prepared in the English language at the request of the assignor.

Dirk Pletcher
Name

6-24-99
Date


Signature

Steve T. Lin
Name

6-11-99
Date


Signature

Declaration for Patent Application

As a below inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed for which a patent is sought on the invention entitled Net Shaped and Crosslinked Articulating Bearing Surface for an Orthopaedic Implant, the specification of which

Check
One

X is attached hereto.
_____ was filed on ____/____/____ as
Application Serial No. _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Todd A. Dawson, Reg. No. 33,165; Margaret L. Geringer, Reg. No. 29,795; Stuart E. Krieger, Reg. No. 28,731; Cary R. Reeves, Reg. 35,334; and Paul D. Schoenle, Reg. No. 27,491. Address all correspondence to Cary R. Reeves, c/o Zimmer, Inc., P.O. Box 708, Warsaw, Indiana 46581-0708, (telephone 219/372-4135).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application (for _____ is not disclosed in the prior United States application in the manner provided by the first paragraph CIP _____ of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as

only)

defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

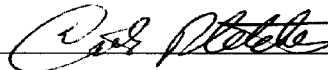
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
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_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status - patented, pending, abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Dirk Pletcher

Inventor's signature



Date

6-24-99

Residence (Town & State) Walkerton, Indiana 46574

Citizenship USA

Post Office Address 505 Indiana Street

(Supply similar information and signature for second and subsequent joint inventors.)

DECLARE.CRR

Full name of second joint inventor, if any Steve T. Lin
Second Inventor's signature Steve Lin Date 6-11-99
Residence (Town & State) Fort Wayne, Indiana 46804-4858
Citizenship USA
Post Office Address 9117 Sea Wind Place

Full name of third joint inventor, if any _____
Third Inventor's signature _____ Date _____
Residence (Town & State) _____
Citizenship _____
Post Office Address _____

Full name of fourth joint inventor, if any _____
Fourth Inventor's signature _____ Date _____
Residence (Town & State) _____
Citizenship _____
Post Office Address _____

Full name of fifth joint inventor, if any _____
Fifth Inventor's signature _____ Date _____
Residence (Town & State) _____
Citizenship _____
Post Office Address _____

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