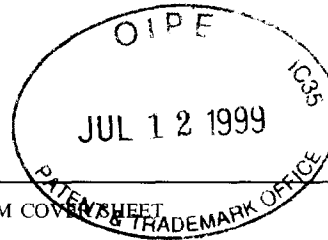


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FORM PTO-1596
1-31-92

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

DOCKET NO.: 47984-022

PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereto:

1. Name of conveying party(ies): Bruce A. Kehr Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies): Name: <u>InforMedix, Inc.</u> Internal Address: Street Address: <u>5920 Hubbard Drive</u> City: <u>Rockville</u> State/Country: <u>MD</u> ZIP: <u>20852</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date: <u>May 7, 1999</u>			
4. Application number(s) or patent number(s): If the document is being filed together with a new application, the execution date of the application is: A. Patent Application No(s). U.S. Serial No. 29/086,733, filed April 10, 1998 B. Patent No(s). Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>McDERMOTT, WILL & EMERY</u> Internal Address: Street Address: <u>600 13th Street, N.W.</u> City: <u>Washington</u> State: <u>DC</u> ZIP: <u>20005</u>		6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41)..... <u>\$40.00</u> <input checked="" type="checkbox"/> Enclosed by check <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number:	
DO NOT USE THIS SPACE			
9. Statement and signature. <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div> <u>Stephen A. Becker, Reg. No. 26,527</u> Name and Registration No. of Person Signing </div> <div style="text-align: center;"> Signature </div> <div> <u>July 12, 1999</u> Date </div> </div> <div style="text-align: right;">Total number of pages comprising cover sheet: <u>1</u></div>			
CMB No. 0851-0011 (exp. 4/94)			

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PATENT
REEL: 010082 FRAME: 0201

ASSIGNMENT OF PATENT

Docket Number (optional)

3 47984-022

Whereas, I, Bruce A. Kehr, M.D. of Potomac, MD, hereinafterreferred to as patentee, did obtain a United States Patent for an improvement in A Hand-Held PortableMedical Monitor For Managing The Administration of Medication And
Medical Treatment RegimensNo. 29/086,733, dated 3/16/99; and whereas, I am now the sole

owner of said patent, and,

Whereas, Infor Medix, Inc.of Rockville, Marylandhereinafter referred to as "assignee" whose post office address is 5920 HubbardDrivCity of Rockville, and State of Maryland

is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of One dollars (\$ 1.00), the receipt whereof

is acknowledged, and other good and valuable consideration, I, the patentee, by these presents

do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said

Patent aforesaid; the same to be held and enjoyed by the said assignee for his own use and

behoof, and for his legal representatives and assigns, to the full end of the term for which said

Patent is granted, as fully and entirely as the same would have been held by me had this

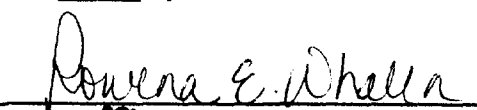
assignment and sale not been made.

Executed this Seventh day of May, 1999,at Rockville, Maryland

(Signature)

State of MarylandCounty of Montgomery

SS:

Before me personally appeared said Bruce A. Kehrand acknowledged the foregoing instrument to be his free act and deed this 7 dayof May, 1999.ROWENA E. WHALEN
NOTARY PUBLIC FOR MARYLAND
My Commission Expires August 15, 1999

Seal

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.