

Corr.

US

<div>FORM PTO-1619A Expires 09/30/98 OMB 0851-0027</div> <div>08-04-1999</div> <div>101109826</div> <div>RECORDATION FORM COVER SHEET PATENTS ONLY</div>		<div>U.S. Department of Commerce Patent and Trademark Office</div> <div>RECEIVED</div> <div>AUG 2</div>
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).		
Submission Type <input type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation) Document ID# _____ <input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____ <input checked="" type="checkbox"/> Corrective Document Reel # 9811 Frame # 0957		Conveyance Type <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> License <input type="checkbox"/> Change of Name <input type="checkbox"/> Merger <input type="checkbox"/> Other _____ <div>U.S. Government (For Use ONLY by U.S. Government Agencies) <input type="checkbox"/> Departmental File <input type="checkbox"/> Secret File</div>
Conveying Party(ies) <input checked="" type="checkbox"/> Mark if additional names of conveying parties attached Name (line 1) PARIS, Carmen J. Execution Date Month Day Year 01251999 Name (line 2) _____ Second Party Name (line 1) GUZMAN, Jose F. Execution Date Month Day Year 01251999 Name (line 2) _____		
Receiving Party <input type="checkbox"/> Mark if additional names of receiving parties attached Name (line 1) DEPUY ORTHOPAEDICS, INC. <input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.) Name (line 2) AN INDIANA CORPORATION Address (line 1) 700 Orthopaedic Drive Address (line 2) P.O. Box 988 Address (line 3) Warsaw IN 46581-0988 City State/Country Zip Code		
Domestic Representative Name and Address Enter for the first Receiving Party only. Name _____ Address (line 1) _____ Address (line 2) _____ Address (line 3) _____ Address (line 4) _____		
FOR OFFICE USE ONLY		

08/03/1999 DNGUYEN 00000398 60071753

01 FC:581

80.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0451-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0451-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

(July 1998)

PATENT
REEL: 010136 FRAME: 0039

FORM PTO-1619C
Expires 06/30/99
OMB 0651-0027RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLYU.S. Department of Commerce
Patent and Trademark Office
PATENT

Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1) LONG, Jack F.

Execution Date
Month Day Year
01251999

Name (line 2)

Name (line 1) CLUPPER, Christian H.

Execution Date
Month Day Year
01251999

Name (line 2)

Name (line 1) TRICK, Stacy A.

Execution Date
Month Day Year
01251999

Name (line 2)

Receiving Party(ies)

☐ Mark if additional names of receiving parties attached

Enter additional Receiving Party(ies)

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Name (line 1)

Name (line 2)

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Application Number(s) or Patent Number(s)


☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

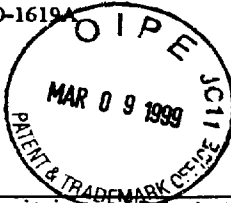
Patent Application Number(s)

Patent Number(s)

(July 1998)

FORM PTO-1619B Expires 08/30/99 OMB 0651-0027		Page 2		<div style="border: 2px solid black; padding: 5px; display: inline-block;">RECEIVED AUG 2 1999 U.S. Department of Commerce Patent and Trademark Office PATENT</div>	
Correspondent Name and Address Area Code and Telephone Number (317) 236-1313					
Name COFFEY, William R.					
Address (line 1) BARNES & THORNBURG					
Address (line 2) 					
Address (line 3) 11 South Meridian Street					
Address (line 4) Indianapolis, IN 46204					
Pages Enter the total number of pages of the attached conveyance document including any attachments. # 9					
Application Number(s) or Patent Number(s) <input type="checkbox"/> Mark if additional numbers attached					
Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).					
Patent Application Number(s)			Patent Number(s)		
60071753					
If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year					
Patent Cooperation Treaty (PCT)					
Enter PCT application number PCT US9900928 PCT PCT 					
only if a U.S. Application Number PCT PCT PCT 					
has not been assigned.					
Number of Properties Enter the total number of properties involved. # 					
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 80.00					
Method of Payment: Enclosed <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/>					
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)					
Deposit Account Number: # 10-0435					
Authorization to charge additional fees: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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. Charges to deposit account are authorized, as indicated herein.					
William R. Coffey				July 27, 1999	
Name of Person Signing		Signature		Date	

Express Mail No.: EM481348103US

FORM PTO-1619A
Expires 08/30/99
OMB 0651-0027

03-17-1999



100985295

U.S. Department of Commerce
Patent and Trademark Office
PATENTRECORDATION FORM COVER SHEET
PATENTS ONLY

3-9-99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- ☒ New
- ☐ Resubmission (Non-Recordation)
Document ID# _____
- ☐ Correction of PTO Error
Reel # _____ Frame # _____
- ☐ Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- ☒ Assignment ☐ Security Agreement
- ☐ License ☐ Change of Name
- ☐ Merger ☐ Other _____
- U.S. Government
(For Use ONLY by U.S. Government Agencies)
- ☐ Departmental File ☐ Secret File

Conveying Party(ies)

☒ Mark if additional names of conveying parties attached

Name (line 1) PARIS, Carmen J. Execution Date Month Day Year 01251999

Name (line 2) _____

Second Party

Name (line 1) GUZMAN, Jose P. Execution Date Month Day Year 01251999

Name (line 2) _____

Receiving Party

☐ Mark if additional names of receiving parties attached

Name (line 1) DEPUY ORTHOPAEDICS, INC.

Name (line 2) AN INDIANA CORPORATION

Address (line 1) 700 Orthopaedic Drive

Address (line 2) P.O. Box 988

Address (line 3) Warsaw IN 46581-0988

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

Address (line 4) _____

03/17/1999 DNGUYEN 00000026 60071753

01 FC:581

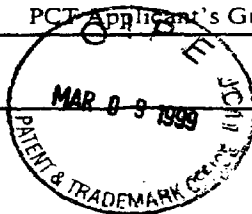
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Public burden reporting for the collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20463. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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(July 1998)

FORM PTO-1619B
Expires 08/30/99
OMB 0851-0027

Page 2

U.S. Department of Commerce
Patent and Trademark Office
PATENT**Correspondent Name and Address**

Area Code and Telephone Number (317) 236-1313

Name COFFEY, William R.

Address (line 1) BARNES & THORNBURG

Address (line 2)

Address (line 3) 11 South Meridian Street

Address (line 4) Indianapolis, IN 46204

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

4

Application Number(s) or Patent Number(s)☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

60071753

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor.

Month Day Year

Patent Cooperation Treaty (PCT)Enter PCT application number
only if a U.S. Application Number
has not been assigned.

PCT US9900928

PCT

PCT

PCT

PCT

PCT

Number of Properties

Enter the total number of properties involved.

#

2

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 80.00

Method of Payment:

Deposit Account

Enclosed ☒Deposit Account ☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

10-0435

Authorization to charge additional fees:

Yes

☒

No

☐**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. Charges to deposit account are authorized, as indicated herein.

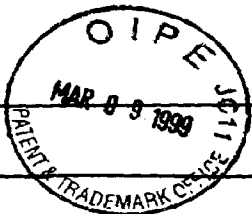
Jill L. Woodburn

Name of Person Signing

Signature

March , 1999

Date

FORM PTO-1619C
Expires 05/30/99
OMB 0851-0027RECORDATION FORM COVER SHEET
CONTINUATION
PATENTS ONLYU.S. Department of Commerce
Patent and Trademark Office
PATENT

Conveying Party(ies)

☐ Mark if additional names of conveying parties attached

Enter additional Conveying Parties

Name (line 1)	LONG, Jack F.	Execution Date Month Day Year	01251999
Name (line 2)			
Name (line 1)	CLUPPER, Christian H.	Execution Date Month Day Year	01251999
Name (line 2)			
Name (line 1)	TRICK, Stacy A.	Execution Date Month Day Year	01251999
Name (line 2)			

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☐ Mark if additional names of receiving parties attached

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Name (line 1)		<input type="checkbox"/> If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)	
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Address (line 1)			
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Name (line 2)			
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Address (line 2)			
Address (line 3)	City	State/Country	Zip Code

Application Number(s) or Patent Number(s)

☐ Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

(July 1998)

PROVISIONAL/PCT PATENT APPLICATION
ASSIGNMENT TO BUSINESS CONCERN

Attorney Docket No.: 265280-62665
DPID-9725

ASSIGNMENT

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration paid to each of the undersigned,

Name(s) of Inventor(s) Carmen J. PARIS,
Jose F. GUZMAN,
Jack F. LONG, Christian H. CLUPPER and,
Stacy A. TRICK,

Check applicable boxes and enter serial number and date if available

maker(s) of an invention which is the subject of ~~an~~ United States Provisional Patent Application identified by Serial No. 60/071,753 and filing date January 16, 1998, and/
a ☒ PCT International Application, entitled

Title of Application HEAD GEAR APPARATUS
hereinafter (the "Application(s)")

the undersigned hereby sell(s), assign(s), and set(s) over to

Name of Assignee DEPUY ORTHOPAEDICS, INC.
700 Orthopaedic Drive
P.O. Box 988
Address of principal place of business Warsaw, Indiana 46581-0988

Insert State of Incorporation (if applicable) or "Not Applicable" a corporation of INDIANA

(hereinafter designated as the Assignee) their entire right, title and interest in, to and under the Application(s), including all priority rights for the United States and other countries arising therefrom, all inventions therein disclosed, and any and all Letters Patent of the United States and of all other countries, including Canada and Mexico, which may be granted for such inventions, or any of them, all such inventions and all rights in such Application(s) and Letters Patent to be held and enjoyed by Assignee for its own use and enjoyment to the full end of the term or terms for which such Letters Patent may be granted, as fully and entirely as the same would have been held and enjoyed by them had this assignment and sale not been made.

The undersigned agree(s) to execute all papers necessary in connection with the Application(s) in the United States and counterpart applications in foreign countries and any continuing, divisional, or reissue applications thereof, and any reexamination of any of such Applications, and also to execute separate assignments in connection with such Applications as the Assignee may deem necessary or expedient.

The undersigned agree(s) to execute all papers necessary in connection with any interference which may be declared or litigation concerning the Application(s), U.S. national counterparts thereof, or continuation(s), division(s), reissue(s), reexamination(s) thereof, and to cooperate with the Assignee in every way possible in obtaining evidence and going forward with such interference or litigation.

The undersigned agree(s) to execute all papers and documents and perform any act which may be necessary in connection with claims or provisions of the International Convention for Protection of Industrial Property or similar agreements.

11/98

PROVISIONAL/PCT PATENT APPLICATION
ASSIGNMENT TO BUSINESS CONCERN

The undersigned agree(s) to do all other acts which, in the opinion of Assignee, may be necessary or desirable to secure the grant of Letters Patent to Assignee or its nominees, in the United States and in all other countries where Assignee may desire to have such inventions, or any of them, patented, with specifications and claims in such form as shall be approved by Assignee and to vest and confirm in Assignee or its nominees the full and complete legal and equitable title to all such Letters Patent.

The undersigned hereby authorize(s) and request(s) the Commissioner of Patents to issue any and all Letters Patent of the United States resulting or following from said Application(s) or any division or divisions or continuing or reissue applications thereof, and any reexamination of any of such applications, to the said Assignee, as Assignee of the entire interest, and hereby covenants that the undersigned has full right to convey the interest herein assigned, and that the undersigned has not executed, and will not execute, any agreement in conflict herewith.

The undersigned hereby grant(s) the attorney of record the power to insert on this assignment any further identification which may be necessary or desirable in order to comply with the rules of the United States Patent and Trademark Office for recordation of this document.

IN WITNESS WHEREOF, I have executed this assignment at _____, Indiana this 25th day of January, 19 99.

~~Outside the USA:
Witnesses are
required when
acknowledgment
before a Notary
Public is not
feasible.~~

Witness

Witness

Carmen J. Paris
Inventor (Signature)

Carmen J. PARIS
Inventor (Printed Name)

ACKNOWLEDGMENT

STATE OF Indiana }
COUNTY OF Kosciusko } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this 25th day of January, 19 99.

Libby Dennison
Notary Public

Libby Dennison
Printed Name

LIBBY DENNISON
NOTARY PUBLIC STATE OF INDIANA
WHITLEY COUNTY
MY COMMISSION EXP. DEC. 30, 2001

My Commission Expires: _____

Resident of Whitley County

IN WITNESS WHEREOF, I have executed this assignment at Indiana
this 25 day of January, 1999.

~~Outside the USA:~~

~~Witnesses are required when acknowledgment before a Notary Public is not feasible.~~

~~Witness~~

~~Witness~~

[Signature]
Inventor (Signature)

Jose F. GUZMAN

Inventor (Printed Name)

ACKNOWLEDGMENT

STATE OF Indiana }
COUNTY OF Kosciusko }

SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this
25th day of Jan., 1999.

[Signature]
Notary Public

LIBBY DENNISON
NOTARY PUBLIC STATE OF INDIANA
WHITLEY COUNTY
MY COMMISSION EXP. DEC. 30, 2001

Libby Dennison
Printed Name

My Commission Expires: _____ Resident of Whitley County

IN WITNESS WHEREOF, I have executed this assignment at _____, Indiana
this 25 day of JANUARY, 1999.

~~Outside the USA:~~

~~Witnesses are required when acknowledgment before a Notary Public is not feasible.~~

~~Witness~~

~~Witness~~

[Signature]
Inventor (Signature)

Jack F. LONG

Inventor (Printed Name)

ACKNOWLEDGMENT

STATE OF Indiana }
COUNTY OF Kosciusko }

SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this
25th day of Jan., 1999.

[Signature]
Notary Public

LIBBY DENNISON
NOTARY PUBLIC STATE OF INDIANA
WHITLEY COUNTY
MY COMMISSION EXP. DEC. 30, 2001

Libby Dennison
Printed Name

My Commission Expires: _____ Resident of Whitley County

11/98

IN WITNESS WHEREOF, I have executed this assignment at
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Indiana

~~Outside the USA:~~

~~Witnesses are
required when
acknowledgment
before a Notary
Public is not
feasible.~~

~~Witness~~

~~Witness~~

Christian H. Clupper
Inventor (Signature)

Christian H. CLUPPER
Inventor (Printed Name)

ACKNOWLEDGMENT

STATE OF Indiana

COUNTY OF Kosciusko

SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this

25th day of Jan., 19 99.

Libby Dennison
Notary Public

Libby Dennison
Printed Name

LIBBY DENNISON
NOTARY PUBLIC STATE OF INDIANA
WHITLEY COUNTY
MY COMMISSION EXP. DEC. 30, 2001

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Indiana

~~Outside the USA:~~

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acknowledgment
before a Notary
Public is not
feasible.~~

~~Witness~~

~~Witness~~

Stacy A. Trick
Inventor (Signature)

Stacy A. TRICK
Inventor (Printed Name)

ACKNOWLEDGMENT

STATE OF Indiana

COUNTY OF Kosciusko

SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this

25th day of Jan., 19 99.

Libby Dennison
Notary Public

Libby Dennison
Printed Name

LIBBY DENNISON
NOTARY PUBLIC STATE OF INDIANA
WHITLEY COUNTY
MY COMMISSION EXP. DEC. 30, 2001

My Commission Expires:

Resident of Whitley County

11/98

PATENT APPLICATION*IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*

Attorney)
Docket: 265280-62665)
)
Applicant: PARIS, Carmen J.; GUZMAN, Jose F.;)
LONG, Jack F.; CLUPPER,)
Christian H.; TRICK, Stacy A.)
)
Invention: HEAD GEAR APPARATUS)
)
International Serial No: PCT/US99/00928)
)
International Filing Date: 15 January 1999)
(15.01.99))
)
Earliest Priority Date: 16 January 1998)
(16.01.98))

REQUEST FOR CORRECTION OF
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

U.S. Patent and Trademark Office
Assignment Division, Box Assignments
North Tower Building, Suite 10C35
Washington, D.C. 20231

Dear Sir:

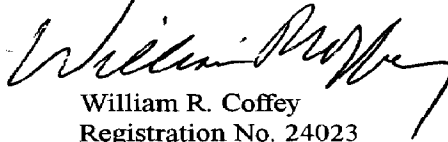
Please correct an error in the recorded cover sheet for the above-identified patent application. A new corrected cover sheet is submitted for recording. Pursuant to 37 C.F.R. §3.34(2)(b), a copy of the originally recorded document and the recording fee as set forth in 37 C.F.R. §3.41 accompanies the corrected cover sheet.

The error in the recorded cover sheet is apparent when the cover sheet is compared with the recorded document to which it pertains. The error occurred in the name of the second named assignor, which is incorrectly listed as Jose P. Guzman. The correct name is Jose F. Guzman.

A check in the amount of \$80.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 10-0435 with reference to our docket number 265280-62665. A duplicate copy of this sheet is enclosed.

Respectfully submitted,


William R. Coffey
Registration No. 24023

WRC/mjc/263916
Indianapolis, Indiana
317-231-7280



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Handwritten:
Kd
9/2/99

MAY 27, 1999

PTAS

BARNES & THORNBURG
WILLIAM R. COFFEY
11 SOUTH MERIDIAN STREET
INDIANAPOLIS, IN 46204

RECEIVED



100985295A

JUN 08 1999

BARNES & THORNBURG
UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 03/09/1999

REEL/FRAME: 9811/0957

NUMBER OF PAGES: 7

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

PARIS, CARMEN J.

DOC DATE: 01/25/1999

ASSIGNOR:

GUZMAN, JOSE P.

DOC DATE: 01/25/1999

ASSIGNOR:

LONG, JACK F.

DOC DATE: 01/25/1999

ASSIGNOR:

CLUPPER, CHRISTIAN H.

DOC DATE: 01/25/1999

ASSIGNOR:

TRICK, STACY A.

DOC DATE: 01/25/1999

ASSIGNEE:

DEPUY ORTHOPAEDICS, INC.
700 ORTHOPAEDIC DRIVE
P.O. BOX 988
WARSAW, INDIANA 46581-0988

SERIAL NUMBER: 60071753
PATENT NUMBER:

FILING DATE: 01/16/1998
ISSUE DATE:

SERIAL NUMBER:
PATENT NUMBER:
PCT NUMBER: US9900928

FILING DATE:
ISSUE DATE:

SHARON LATIMER, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS