

9-13-99

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027

09-15-1999



101145293

U.S. Department of Commerce
Patent and Trademark Office

PATENT

RECORDATION FORM COVER SHEET
PATENTS ONLY

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) Execution Date
Month Day Year

Name (line 2)

Second Party

Name (line 1)

Execution Date
Month Day Year

Name (line 2)

Receiving Party

- ☐ Mark if additional names of receiving parties attached

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.)

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)

09/15/1999 MTH11 00000035 5825562

01 FC:581

40.00 OP

FOR OFFICE USE ONLY

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 (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, 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

PATENT
REEL: 010216 FRAME: 0697

Correspondent Name and Address

Area Code and Telephone Number **(336) 716-6365**

Name **J. Reid Morgan, Esq.**

Address (line 1) **Wake Forest University Legal Department**

Address (line 2) **Bowman Gray Campus Medical Center Blvd.**

Address (line 3)

Address (line 4) **Winston-Salem NC 27157-1035**

Pages

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

2

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)

5825562		

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		PCT		PCT	
PCT		PCT		PCT	

Number of Properties

Enter the total number of properties involved.

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ **40.00**

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:

#

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.

DAVID J. BARNIER, ESQ.

Name of Person Signing

David Barnier

Signature

9/8/99

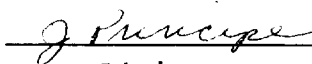
Date

92/7/10142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <input checked="" type="checkbox"/> Recording requested by and return to: ELIZABETH A. WALTERS, ESQ. (#139185) BARKER THOMAS & WALTERS 1455 Frazee Road, Suite 800 San Diego, CA 92108 <input checked="" type="checkbox"/> ATTORNEY FOR <input checked="" type="checkbox"/> JUDGMENT CREDITOR <input type="checkbox"/> ASSIGNEE OF RECORD		TELEPHONE NO.: (619) 682-4040 2838	FOR RECORDER'S USE ONLY
NAME OF COURT: SUPERIOR COURT OF SAN DIEGO STREET ADDRESS: 325 S. MELROSE MAILING ADDRESS: CITY AND ZIP CODE: VISTA, CA 92083-6627 BRANCH NAME: NORTH COUNTY BRANCH			
PLAINTIFF: THE BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE FOREST UNIVERSITY DEFENDANT: NOVATEC LASER SYSTEMS, INC.			
ABSTRACT OF JUDGMENT			CASE NUMBER: 01-00199-75 01-092 Abstract N080-748

1. The <input checked="" type="checkbox"/> judgment creditor <input type="checkbox"/> assignee of record applies for an abstract of judgment and represents the following: a. Judgment debtor's Name and last known address NOVATEC LASER SYSTEMS, INC. 2237 FARADAY AVENUE CARLSBAD, CA 92008 b. Driver's license No. and state: <input checked="" type="checkbox"/> Unknown c. Social Security No.: <input checked="" type="checkbox"/> Unknown d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address): NOVATEC LASER SYSTEMS, INC. c/o PAUL KREUTZ, ESQ. GRAY, CARY, WARE & FREIDENRICH 4365 Executive Drive, Suite 1600, San Diego, CA 92121 e. <input type="checkbox"/> Additional judgment debtors are shown on reverse. Date: April 20, 1999 ELIZABETH A. WALTERS, ESQ. (TYPE OR PRINT NAME)	FOR COURT USE ONLY	
2. a. <input checked="" type="checkbox"/> I certify that the following is a true and correct abstract of the judgment entered in this action. b. <input type="checkbox"/> A certified copy of the judgment is attached. 3. Judgment creditor (name): whose address appears on this form above the court's name. 4. Judgment debtor (full name as it appears in judgment): NOVATEC LASER SYSTEMS, INC.		5. a. Judgment entered on (date): 3/08/1999 b. Renewal entered on (date): c. Renewal entered on (date): 8. A stay of enforcement has a. <input checked="" type="checkbox"/> not been ordered by the court. b. <input type="checkbox"/> been ordered by the court effective until (date): 9. <input type="checkbox"/> This judgment is an installment judgment.


(SIGNATURE OF APPLICANT OR ATTORNEY)

2. a. <input checked="" type="checkbox"/> I certify that the following is a true and correct abstract of the judgment entered in this action. b. <input type="checkbox"/> A certified copy of the judgment is attached. 3. Judgment creditor (name): whose address appears on this form above the court's name. 4. Judgment debtor (full name as it appears in judgment): NOVATEC LASER SYSTEMS, INC.	5. a. Judgment entered on (date): 3/08/1999 b. Renewal entered on (date): c. Renewal entered on (date): 8. A stay of enforcement has a. <input checked="" type="checkbox"/> not been ordered by the court. b. <input type="checkbox"/> been ordered by the court effective until (date): 9. <input type="checkbox"/> This judgment is an installment judgment.
6. Total amount of judgment as entered or last renewed: \$ 200,191.00 7. <input type="checkbox"/> An <input type="checkbox"/> execution <input type="checkbox"/> attachment lien is endorsed on the judgment as follows: a. Amount: \$ b. In favor of (name and address):	Clerk, by  , Deputy J. Principe

[SEAL]

This abstract issued on (date): MAY 03 1999

ABSTRACT OF JUDGMENT (Civil)

PLAINTIFF: THE BOWMAN GRAY SCHOOL OF MEDICINE OF WAKE
FOREST UNIVERSITY
DEFENDANT: NOVATEC LASER SYSTEMS, INC.

CASE NUMBER:

N080748

2839

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS

10. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

14. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

11. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

15. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

12. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

16. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

13. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

17. Name and last known address

Driver's license No. & state: ☐ Unknown
Social Security No.: ☐ Unknown
Summons was personally served at or mailed to (address):

18. ☐ Continued on attachment 18.