

06-21-2000



101386326

*MW
0-19-00*

**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# 101309564

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) Badalamenti, Michael J. Execution Date Month 2 Day 25 Year 00

Name (line 2)

Second Party

Name (line 1)

Name (line 2)

Execution Date Month Day Year

Receiving Party

Mark if additional names of receiving parties attached

Name (line 1) The Evolutionary Child, Inc. 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)

Address (line 1) 1218 Surfside Circle

Address (line 2)

Address (line 3) Aurora Ohio 44202
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

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

Correspondent Name and Address Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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

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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="5,957,954"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	PCT	<input type="text"/>	PCT	<input type="text"/>
PCT	<input type="text"/>	PCT	<input type="text"/>	PCT	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

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

(Previously) Enclosed Deposit Account


Method of Payment: 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.

Thomas P. Marotta 

Name of Person Signing Signature Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ASSIGNMENT OF PATENT

Docket Number (optional)
US005957954A

Whereas, I, Michael J. Badalamenti of Aurora, Ohio, hereinafter

referred to as patentee, did obtain a United States Patent for an improvement in _____
Teething Gel Applicator

No. 5,957,954, dated Sept. 28, 1999; and whereas, I am now the sole
owner of said patent, and,

Whereas, The Evolutionary Child, Inc.
of Cleveland, Ohio

hereinafter referred to as "assignee" whose post office address is _____
1218 Surfside Circle

City of Aurora, and State of Ohio.

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

Now, therefore, in consideration of the sum of TEN dollars (\$ 10.00), 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 25th day of February, 2000
at Solon, Ohio

Michael J. Badalamenti
MICHAEL J. BADALAMENTI (Signature)

State of Ohio
County of Cuyahoga SS:

Before me personally appeared said Michael J. Badalamenti
and acknowledged the foregoing instrument to be his free act and deed this 25th day
of Feb., 2000

THOMAS P. MAROTTA, Attorney At Law
Notary Public - State of Ohio
My commission has no expiration date. Thomas P. Marotta
Section 147.03 R.C. (Notary Public)

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.