FORM PTO-1619A

Expires 06/30/99 OMB 0651-0027

09-26-2000



101470246

U.S. Department of Commerce **Patent and Trademark Office** 

**PATENT** 

9-13-00 RECORDATION FORM COVER SHEET						
TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ied)						
	f Patents and Trademar			nal document(	s) or copy(iego	
Submission Type		Conveyance Type				
New		X Assignment Security Agreement				
Resubmission (Non-Recordation) Document ID#		License	Chang	ge of Name		
Correction of PTO Error Reel # Frame #		Merger	U.S. Gove			
Corrective Document		_	(For Use ONLY by U.S. G	overnment Agenci	es)	
Reel #	Frame #	L	Departmental Fil	e Se	cret File	
Conveying Party(ies)  Mark if additional names of conveying parties attached Execution Date						
Name (line 1) JAMES	A. FRANCOIS				Month Day Year 09112000	
Name (line 2)		4			Execution Date	
Second Party					Month Day Year	
Name (line 1)	e					
Name (line 2)					09/66/523	
Receiving Party			Mark if additional	names of receivi	ng parties attached	
Name (line 1) REXAM	MEDICAL PACKAGIN	G INC.			If document to be recorded is an assignment and the	
Name of the state				<del></del>	receiving party is not domiciled in the United	
Name (line 2) AN IND	AN INDIANA CORPORATION States, an appointment of a domestic					
Address (line 1) 3245 K	ANSAS ROAD				representative is attached. (Designation must be a	
Address (line 2)					separate document from Assignment.)	
/ tadioso (miez)					noorgrimene/	
Address (line 3) EVANSV	ILLE	INDIANA		47711		
	City	State/Co	ountry	Zip Code		

09/25/2000 DNGUYEN 00000793 Q9661523

Name

Address (line 1)

Address (line 2)

Address (line 3) Address (line 4)

01 FC:581

40.00 DP

**Domestic Representative Name and Address** 

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 (0851-0027), 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** 

Enter for the first Receiving Party only.

REEL: 011094 FRAME: 0477

FORM PTO-1619B Expires 06/30/99 OMB 0651-0027	Page 2	U.S. Department of Commerce Patent and Trademark Office PATENT			
Correspondent Name and Address	Area Code and Telephone Number 502	2 584 1135			
Name THOMAS B. MCGURK					
Address (line 1) MIDDLETON & REUTLIN	GER				
Address (line 2) 2500 BROWN & WILLIA	MSON TOWER				
Address (line 3) LOUISVILLE, KENTUCK	Y 40202				
Address (line 4)					
Pages Enter the total number of princluding any attachment	pages of the attached conveyance document s.	# 4			
Application Number(s) or Patent Nu	<u></u>	onal numbers attached			
Enter either the Patent Application Number or the Patent Application Number(s)	e Patent Number (DO NOT ENTER BOTH numbers for th Patent Nu				
60156787					
If this document is being filed together with a <u>new</u> Pasigned by the first named executing inventor.	atent Application, enter the date the patent application wa	ns <u>Month Day Year</u> 09112000			
Patent Cooperation Treaty (PCT)  Enter PCT application number  only if a U.S. Application Numb has not been assigned.	PCT PCT PCT	PCT PCT			
Number of Properties  Enter the t	total number of properties involved. #	2			
Fee Amount for Properties Listed (37 CFR 3.41): \$80.00					
Method of Payment: Enclosed X Deposit Account 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	s 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 B. MCGURK, REG. NO. 44,920   THOMAS B. MCGURK, REG. NO. 44,920					
Name of Person Signing	Signature	Date			

PATENT REEL: 011094 FRAME: 0478

## ASSIGNMENT OF INVENTION AND OF LETTERS PATENT

Whereas, I, James A. Francois INVENTOR, of Evansville, County of Warrick, Indiana, have invented certain improvements in a SLIDING VALVE DISPENSER WITH OVERCAP ("Invention") for provisional patent application serial number 60/156,787, filed on September 30, 1999 and have executed a utility patent application for United States Letters Patent entitled "SLIDING VALVE DISPENSER WITH OVERCAP" filed herewith ("Application"); and

Whereas, Rexam Medical Packaging Inc., **ASSIGNEE** of Evansville, Indiana, an Indiana corporation whose post office address is 3245 Kansas Road, Evansville, Indiana 47711 desires to acquire for itself, its assigns and successors, my entire right, title and interest in said Application and in said Invention, and in any United States or foreign patents to be obtained therefor;

Now therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, I hereby sell, assign and transfer unto said ASSIGNEE the entire right, title and interest in said Application and in said Invention disclosed therein for the United States of America and all countries foreign thereto, including rights of priority under the International Convention of Paris (1883) as amended and the entire right, title, and interest in and to any and all patent applications, patents, continuations, continuations-in-part, divisionals, and reissues based thereon which may be filed or granted therefor in the United States or any foreign country.

I also agree that said ASSIGNEE may apply for foreign Letters Patent on said Invention, and I agree to cooperate with said ASSIGNEE and to execute without additional consideration

Page 1 of 2

PATENT REEL: 011094 FRAME: 0479 any additional documents as deemed necessary by said ASSIGNEE to apply for or maintain patents or other legal protection for said Invention in any country of the world.

I hereby authorize and request the United States Commissioner of Patents and

Trademarks to issue any Letters Patent granted upon said Invention set forth in said Application to said ASSIGNEE.

Executed this the Ath day of September, 2000, at Evansville, Indiana.

STATE OF INDIANA

) ss:

COUNTY OF WARRICK

Before me personally appeared James A. François, and acknowledged the foregoing instrument to be his free act and deed this // day of \_\_\_\_\_\_\_, 2000.

My Commission expires: July 1, 2001

RECORDED: 09/13/2000

Redrey E. Plisinger Notary Public

James A. François

(Seal)

Page 2 of 2

PATENT REEL: 011094 FRAME: 0480