

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

U.S. DEPARTMENT OF COMMERCE  
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- Assignment
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MAIL documents to be recorded with required cover sheet(s) information to:  
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PATENT

REEL: 011887 FRAME: 0926

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FORM PTO-1619B  
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Page 2

U.S. DEPARTMENT OF COMMERCE  
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PATENT

**Correspondent Name and Address**

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Name  *FR 82*

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**Pages** Enter the total number of pages of the attached conveyance document  
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**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" value="6,129,214"/>	<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"/>	<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.

**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): \$

Method of Payment: Enclosed  Deposit Account

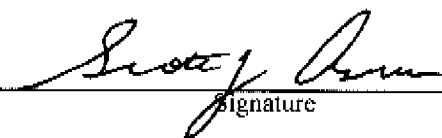
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes  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.

Scott J. Asmus 

Name of Person Signing Signature Date

FEDERAL IDENTIFICATION  
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# The Commonwealth of Massachusetts

William Francis Galvin  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

## ARTICLES OF DISSOLUTION (General Laws, Chapter 156B, Section 100)

We, Machelle M. Seibel, \*President / \*~~Vice~~ President,  
and Sharon Seibel, \*Clerk / \*Assistant Clerk,  
of Boston Center for Reproductive Health, P.C.

*(Exact name of corporation)*

located at: 1153 Centre Street, Boston, MA 02130  
*(Street address of corporation in Massachusetts)*

certify as follows:

1. The name and post office address of each director and officer of the corporation is:

	NAME	POST OFFICE ADDRESS
President:	Machelle M. Seibel	170 Old Farm Road, Newton, MA 02159
Treasurer:	Machelle M. Seibel	170 Old Farm Road, Newton, MA 02159
Clerk:	Sharon Seibel	170 Old Farm Road, Newton, MA 02159
Directors:	Machelle M. Seibel	170 Old Farm Road, Newton, MA 02159
	Sharon Seibel	170 Old Farm Road, Newton, MA 02159

Examiner

P.C.

\* Delete the inapplicable words.

2. On November 28, 19 99, the dissolution of the corporation was duly authorized in the manner required by General Laws, Chapter 156B, Section 100, and notice of the proposed dissolution was duly given to the Commissioner of Revenue as required by said section.

3. The effective date of dissolution of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a later effective date is desired, specify such date which shall not be more than thirty days after the date of filing: December 15, 1999

\*\*4. Other provisions deemed necessary by the corporation for its dissolution.

SIGNED UNDER THE PENALTIES OF PERJURY, this 28 day of November, 19 99

Machelle M. Seibel \_\_\_\_\_, \*President / \*\*Vice-President,

Sharon Seibel \_\_\_\_\_, \*Clerk / \*\*Assistant-Clerk.

\* Delete the inapplicable words.

\*\* If there are no such provisions, state "None"

Note: Provisions for which the space provided above is not sufficient should be made on one side of separate 8 1/2 x 11 sheets of white paper, numbered 2A, 2B, etc., with a left margin of at least 1 inch.

THE COMMONWEALTH OF MASSACHUSETTS

**ARTICLES OF DISSOLUTION**  
(General Laws, Chapter 156B, Section 100)

I hereby approve the within Articles of Dissolution and, the filing fee in the amount of \$\_\_\_\_\_ having been paid, said application is deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

Effective date: \_\_\_\_\_

**WILLIAM FRANCIS GALVIN**  
*Secretary of the Commonwealth*

**TO BE FILLED IN BY CORPORATION**  
Photocopy of document to be sent to:

Stephen Conlin

Van Wert & Zimmer, P.C.

One Militia Drive, Lexington, MA 02421

Telephone: (781) 863-6306

Customer # 24222

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

In re Patent of: BAR-AMI et al

Group Art Unit:

Patent No.: 6,129,214

Issued: October 10, 2000

Dkt No: FR82

Title: SPERM STRAINER SYSTEM

To: Box Assignment  
Commissioner for Patents  
Washington, D.C. 20231

Fr:



CERTIFICATE OF FACSIMILE 37 CFR 1.8: I certify that this correspondence is being faxed to the Patent and Trademark Assignment System at facsimile number: 703-306-5995 on the below date.

Date: 08/27/2001 [X] Debra A. Stengel *Debra A. Stengel*  
[ ] Vernon C. Maine, Reg No 37,389 or [ ] Scott J. Asmus, Reg No 42,269

CERTIFICATE OF MAILING 37 CFR 1.8: I certify that this correspondence is being deposited on the below date with the U.S. Postal Service with sufficient postage as FIRST CLASS MAIL addressed to: Box Assignment, Commissioner for Patents, Washington, DC 20231.

Date: [ ] Vernon C. Maine, Reg No 37,389 or [ ] Scott J. Asmus, Reg No 42,269

Dear Sir:

LETTER OF TRANSMITTAL

Transmitted herewith for recordation is a 2 sheet(s) PTO 1619 Recordation Form Cover Sheet, and 3 page Articles of Dissolution for Boston Centre for Reproductive Health, P.C.

DEPOSIT ACCOUNT 500323 AUTHORIZATION – The Office is hereby authorized to charge the \$40.00 recordation fee, any deficiency or credit any overpayment in the fees to the above deposit account, registered to Vernon C. Maine P.L.L.C., dba Maine & Asmus, contact telephone no. 603-886-6100.

Respectfully submitted,  
*Scott J. Asmus*  
Vernon C. Maine, Reg. No. 37,389  
Scott J. Asmus, Reg. No. 42,269  
Attorneys for Applicant

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