


Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌	RECORDATION FORM COVER SHEET PATENTS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>David S. Kirn</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Kirn Medical Design, L.L.C.</u> Internal Address: _____ Street Address: <u>940 Cherrywood Drive</u> City: <u>Lexington</u> State: <u>KY</u> Zip: <u>40515</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>August 23, 2001</u>		
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) <u>09/939,399</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Michael S. Hargis</u> Internal Address: <u>624-001</u> Street Address: <u>King & Schickli PLLC</u> <u>247 North Broadway</u> City: <u>Lexington</u> State: <u>KY</u> Zip: <u>40507</u>	6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>11-0978</u> (Attach duplicate copy of this page if paying by deposit account)	
DO NOT USE THIS SPACE		
9. Statement and signature <i>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.</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Michael S. Hargis</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>10/15/01</u> Date </div> </div>		
Total number of pages including cover sheet, attachments, and documents: 3		

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

Docket No. 624-001

ASSIGNMENT

WHEREAS, I, David S. Kirn, of Lexington, Kentucky, have made a certain new and useful invention as set forth in an application for United States Letters Patent executed by me the 23rd day of August, 2001, entitled MAGNETIC NASAL TUBE BRIDLE SYSTEM AND RELATED METHOD;

AND WHEREAS, Kirn Medical Design, L.L.C., a corporation of the Commonwealth of Kentucky, and having a place of business at 940 Cherrywood Drive, Lexington, Kentucky 40515, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any and all Letters Patent of the United States and foreign countries which may be obtained therefor;

NOW, THEREFORE, for good and valuable consideration, I do hereby sell, assign, transfer and set over unto Kirn Medical Design, L.L.C., its legal representatives, successors, and assigns, the entire right, title and interest in and to said invention as set forth in the above-mentioned application, and in and to any and all patents of the United States and foreign countries which may be issued for said invention;

UPON SAID CONSIDERATIONS, I hereby agree with the said assignee that I will not execute any writing or do any act whatsoever conflicting with these presents, and that I will, at any time upon request, without further or additional consideration but at the expense of the said assignee, execute such additional assignments and other writings and do such additional acts as said assignee may deem necessary or desirable to perfect the assignee's enjoyment of this grant, and render all necessary assistance in making application for and obtaining original, divisional, reexamined, reissued, or extended Letters Patent of the United States or of any and all foreign countries on said invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, by giving testimony in any proceedings or transactions involving such applications or patents, and by executing preliminary statements and other

affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of, the assigns and legal representatives of assignor and assignee;

I hereby authorize and request my attorneys King and Schickli, PLLC of 247 North Broadway, Lexington, Kentucky 40507 to insert here in parentheses (Application Serial No. 09/939,399, filed Aug. 24, 2001) the serial number and filing date of this application when known.


AND I request the Commissioner of Patents and Trademarks to issue any Letters Patent of the United States which may be issued for said invention to said Kirm Medical Design, L.L.C., its legal representatives, successors or assigns, as the sole owner of the entire right, title and interest in and to said patent and the invention covered thereby.


DAVID S. KIRM

STATE OF Kentucky)
COUNTY OF Jayette) SS:

On this 23rd day of May, 2001 before me personally appeared David S. Kirm to me known to be the person named in and who executed the above instrument, and acknowledged to me that he executed the same for the uses and purposes therein set forth.

My commission expires: Aug 4, 2004.


NOTARY PUBLIC

