RECORDATION FORM COVER SHEET Form PTO-1595	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office ENTS ONLY Docket 65623	
PATENTS ONLY Docket 65623 To the Commissioner for Patents: Please record the attached original documents or copy thereof.		
Name of conveying party(ies):	2. Name and address of receiving party(ies):	
Brassil, John	Thomas Brassil	
Additional name(s) of conveying party(ies) attached? [] Yes [X] No	6699 Beadnell Way, #113 San Diego, CA 92117	
3. Nature of conveyance:		
[X] Assignment [] Merger [] Security Agreement [] Change of Name [] Other		
Execution Date: October 24, 1999		
4. Application number(s) or patent number(s): 09/475,793		
If this document is being filed together with a new application, the execution date of the application is:		
A. Patent Application No.(s)	B. Patent No.(s)	
Additional numbers attached? [] Yes [X] No		
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 1	
Scott J. Menghini FITCH, EVEN, TABIN & FLANNERY Suite 1600-120 S. La Salle Street Chicago, IL 60603	7. Total fee (37 CFR 3.41): \$ 40.00	
	[] Enclosed [X] Authorized to be charged to deposit account should the fee not be enclosed.	
	8. Deposit account number: 06-1135	
DO NOT USE THIS SPACE		
9. 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.		
Scott J. Menghini	July 25, 2002 Date	
Registration No. 42,880		
10. Total number of pages including cover sheet, attachn	nents and document: 2	

PATENT REEL: 012925 FRAME: 0264

WORK AGREEMENT

I. John Brassil will perform work as a consultant for Thomas Brassil helping to more completely prepare a divisional or continuation application for the new Diagnostic Embodiment of the Hand Rehabilitation Glove (not the original, patent pending, Hand Rehabilitation Glove).

I agree that all intellectual property which I conceive, construct, write about, or arise out of this work are, or shall become, the sole and exclusive property of Thomas Brassil.

Under U.S. and Canadian patent laws, all patent applications must be filed in the names of the true and actual inventor(s). Thus, if I. John Brassil, make any patentable inventions relating to this project. I agree to be named as an applicant in any patent applications filed on such invention(s).

I agree that all information relating to this project is a trade secret and shall treat all information as strictly confidential.

I will not work on this project as an employee of IDEO; not on IDEO premises: not with IDEO property, equipment, or methods; not on IDEO time. This is not an IDEO project, instead this is a brother with skill in this area trying to help his brother.

My compensation will be 33% of Thomas Brassil's net (after all expenses, including but not limited to legal fees, patent fees, and taxes) U.S. and Canadian profits allocated as arising solely from the diagnostic glove (not from the regular Hand Rehabilitation Glove).

Signatures below indicate agreement:

Thomas Brassil

10/12/99

Date

10. 24. 99

Date

PATENT REEL: 012925 FRAME: 0265

Please type a plus sign (+) inside this box	→	+
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PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031

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Application Number 09/475,793 TRANSMITTAL **Filing Date** December 30, 1999 FORM First Named Inventor Brassil et al. Group Art Unit 3764 (to be used for all correspondence after initial filing) Examiner Name Yu, Justine Romang Total Number of Pages in This Submission 4 Attorney Docket Number 65623 ENCLOSURES (check all that apply) Assignment Papers After Allowance Communication Fee Transmittal Form (in duplicate) (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Amendment / Reply Licensing-related Papers (Appeal Notice, Brief, Reply Brief) After Final Petition Proprietary Information Petition to Convert to a Affidavits/declaration(s) Status Letter Provisional Application Other Enclosure(s) (please Extension of Time Request Power of Attorney, Revocation (in duplicate) Change of Correspondence Address identify below): Express Abandonment Request Terminal Disclaimer 1. Recordation Form Cover Sheet Fax Cover Sheet Information Disclosure Statement Request for Refund Certified Copy of Priority CD, Number of CD(s) _ Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Individual name Scott J. Menghini, Reg. No. 42,880 Signature Date July 25, 2002 CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to Assignment Division of the United States Patent & Trademark Office at (703) 306-5995 on this date: July 25, 2002 Typed or printed name Scott J. Menghini July 25, 2002 Signature

Burden Hour Statement: This form is estimated to take 0.2 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, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. Washington, DC 2023T E N T

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