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

10-11-2002



102247613

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

RECORDATION FORM COVER SHEET PATENTS ONLY

| | Туре | _ | Conveyance Ty | | | |
|--|--|------------------|---------------------|--|---------------|--|
| ✓ New | 10 | -9-02 | ✓ Assignment | Security A | greement | |
| Resubmission (Non-Recordation) Document ID# | | License Change o | | of Name | | |
| Reel # | n of PTO Error Frame e Document | # | Merger | Other U.S. Governm | | |
| Reel # | Frame | # | | Use ONLY by U.S. Goverr Departmental File | | s) cret File |
| Conveying I | Party(ies) | 4 | Mark if addition | nal names of conveyir | g parties att | ached Execution Date Month Day Y |
| Name (line 1) | HENRY, MCCOR | D, BEAN & MILLE | CR, P.L.L.C. | | | 09/27/2002 |
| Name (line 2) Second Party | | | | | | Execution Date Month Day Y |
| Name (line 1) | South the second | | | | | |
| Name (line 2) | | | | | | |
| Receiving P | arty | | | Mark if additional nan | nes of receiv | ing parties attached |
| Name (line 1) | APOLLO CAMER | RA, L.L.C. | | | | If document to be record is an assignment and the receiving party is not |
| Name (line 2) | | | | | | domiciled in the United States, an appointment of a domestic |
| | 329 West Lincoln Street | | | | | representative is attache (Designation must be a separate document from |
| Address (line 1) | 329 West Lincoln S | | | | | Assignment.) |
| Address (line 1) | 329 West Lincoln S | | | | | |
| | | | TN | | 37388 | |
| Address (line 2) Address (line 3) | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R | Tullahoma | | State/Countr | y er for the first Receivi | Zip Code | |
| Address (line 2) Address (line 3) | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R Name | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R Name Address (line 1) | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R Name Address (line 1) Address (line 2) | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R Name Address (line 1) Address (line 2) Address (line 3) | Tullahoma Cit | | State/Countr | | Zip Code | |
| Address (line 2) Address (line 3) Domestic R Name Address (line 1) Address (line 2) Address (line 3) | Tullahoma Cit epresentative | | State/Countr | er for the first Receivi | Zip Code | |

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.G. 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

Mail documents to be recorded with required cover sheet(s) information to Commissioner of Patents and Trademarks, Box Assignments, Washington, Oct. 20131

REEL: 13352 FRAME: 0955

| ₁ ORM | PTO-1619B |
|------------|-----------|
| Expires 06 | /30/99 |
| OMB 0661 | 0027 |

Page 2

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

| If this document is being filed together with a new Patent Application, enter the date the patent application was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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 of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | Correspondent Name and Address | Area Code and Telephone Numb | er (312) 368-4000 |
|--|--|---|------------------------------------|
| Address (line 2) P.O. Box 64807 Address (line 3) Chicago, Illinois 60664-0807 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 (DO NOT ENTER BOTH numbers for the same property). Patent Application Number (s) Patent Number (S263937) Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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 of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | Name Micah R. Onixt | | |
| Address (line 3) Chicago, Illinois 68664-8807 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) | Address (line 1) PIPER RUDNICK | | |
| Pages Enter the total number of pages of the attached conveyance document including any attachments. Application Number(s) or Patent Number(s) | Address (line 2) P.O. Box 64807 | | |
| Pages Enter the total number of pages of the attached conveyance document including any attachments. Application Number(s) or Patent Number(s) | Address (line 3) Chicago, Illinois 60664-0807 | | |
| including any attachments. # 1 Application Number(s) or Patent Number(s) | Address (line 4) | | |
| 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) S263937 If this document is being filed together with a new Patent Application, enter the date the patent application When the Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT PCT PCT | | ges of the attached conveyance do | ument # 1 |
| Patent Application Number(s) S263937 | Application Number(s) or Patent Nun | nber(s) | ark if additional numbers attached |
| If this document is being filed together with a new Patent Application, enter the date the patent application Was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number has not been assigned. Number of Properties Enter the total number of properties involved. Fee Amount Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: ### 18-2284 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. Micah R. Onixt / Reg. No. 47,834 | Enter either the Patent Application Number or the I | | |
| If this document is being filed together with a new Patent Application, enter the date the patent application Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT | Patent Application Number(s) | P | atent Number(s) |
| If this document is being filed together with a new Patent Application, enter the date the patent application was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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. Micah R. Onixt / Reg. No. 47,834 | | 5263937 | |
| If this document is being filed together with a new Patent Application, enter the date the patent application was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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 of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | | | |
| If this document is being filed together with a new Patent Application, enter the date the patent application was Patent Cooperation Treaty (PCT) Enter PCT application number only if a U.S. Application Number PCT | | | |
| Enter PCT application number only if a U.S. Application Number PCT | | ent Application, enter the date the patent ap | pplication Month Day Year |
| Enter PCT application number only if a U.S. Application Number PCT PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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. Micah R. Onixt / Reg. No. 47,834 | Patent Cooperation Treaty (PCT) | | |
| only if a U.S. Application Number PCT PCT PCT PCT PCT has not been assigned. Number of Properties Enter the total number of properties involved. # 1 Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00 Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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. Micah R. Onixt / Reg. No. 47,834 | • | PCT PCT | PCT |
| Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ Method of Payment: Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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. Micah R. Onixt / Reg. No. 47,834 | only if a U.S. Application Number | PCT PCT | PCT |
| Method of Payment: Enclosed Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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 of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | Number of Properties Enter the total | number of properties involved. | # 1 |
| Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the Deposit Account Number: # 18-2284 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 of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | Fee Amount Fee Amount | for Properties Listed (37 CFR 3.41 |): \$ 40.00 |
| 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. Micah R. Onixt / Reg. No. 47,834 | Deposit Account (Enter for payment by deposit account or if ad | ditional fees can be charged to the | # 18-2284 |
| 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. Micah R. Onixt / Reg. No. 47,834 | | Authorization to charge additional fee | s: Yes 🗸 No |
| attached copy is a true copy of the original document. Charges of deposit account are authorized, as indicated herein. Micah R. Onixt / Reg. No. 47,834 | Statement and Signature | | |
| | attached copy is a true copy of the cindicated herein. | elief, the foregoing information is to original document. Charges to dep | osit account are authorized, as |
| Name of Person Signing Signature Date | en and the state of the state o | Signature | Date |

PATENT

REEL: 13352 FRAME: 0956

ASSIGNMENT OF PATENT RIGHTS

Henry, McCord, Bean & Miller, P.L.L.C. ("Assignor"), for \$1.00 and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, hereby assigns, grants and delivers, exclusively unto Apollo Camera, L.L.C., a Tennessee Limited Liability Company ("Assignee"), all of Assignor's rights, title, and interest of every kind and nature whatsoever in and to United States Patent Application No. 08/016,922, filed February 11, 1993, now United States Patent No. 5,263,937, issued November 23, 1993, for "Trocar With Profile To Reduce Insertion Force," and for reissues, continuations, divisionals, refiles and substitutions thereof, and together with all past, present or future claims arising out of any infringement thereof.

IN WITNESS WHEREOF, the undersigned has executed this ASSIGNMENT OF PATENT RIGHTS under seal as of this 29 day of September, 2002.

Sworn to and subscribed before me this $\frac{27}{11}$ day of September, 2002 and

notarized by me on said date.

Monia C. Reynolds

Notary Public

My commission expires: 9/09/06

HENRY, McCORD, BEAN & MILLER, P.L.L.C.

ames H. Henry II

Chief Manager & Member

CHGO1:30197750.v1

PATENT REEL: 13352 FRAME: 0957

RECORDED: 10/09/2002