| | | | Docket No |).: ISR99-20 02 |
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| FORM PTO-1595 (Modified) | RECORDATION FO | RM COVER | SHEET | U.S. DEPARTMENT OF COMMERCE |
| (Rev. 03-01) OMB No. 0651-0027 (exp.5/31/2002) P08/REV03 | PATENT | | Y | Patent and Trademark Office |
| Tab settings + + + | v v | ▼= ▼ | ▼ | • • |
| To the Honorable Commissioner of | Patents and Trademarks: | Please recor | | ginal documents or copy thereof. |
| 1. Name of conveying party(ies): KATHRYN A. WEESNER STEVEN C. WALKER JOHN M. SHEPHERD Additional names(s) of conveying party(ies) | 🗋 Yes 🔯 No | Name: Internal | nd address of rece <u>UNITED STATES</u> Address: <u>U.S. AR</u> <u>TERIEL COMMA</u> | ARMY MY MEDICAL RESEARCH |
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| 3. Nature of conveyance: | _ | | 504 SCO | re or d a tr |
| 🛛 Assignment | Merger | | ddress: <u>504 SCO'</u> | |
| Security Agreement | Change of Name | FORT D | | |
| Other | | City: <u>F</u> | REDERICK | State: MD ZIP: 21702 |
| Execution Date: 5/17/2001; 6/7/2001 | ; 2/5/2003 | Additional r | name(s) & address(e | s) attached? 🔲 Yes 🖾 No |
| A. Patent Application No.(s) 09/789,704 | 02/22/2001 Additional numbers atta | | Patent No.(s) Yes 🛛 No | |
| 5. Name and address of party to who concerning document should be n | om correspondence | | | ons and patents involved: |
| Name: ELIZABETH ARWINE | | - 7. Total fe | e (37 CFR 3.41): | \$ 40.00 |
| Internal Address: <u>U.S. ARMY M</u> AND MATERIEL COMMAND | EDICAL RESEARCH | - Enc | • | s or insufficiency should be |
| ATTN: MCMR-JA | | 🛛 🖾 Aut | horized to be char | ged to deposit account |
| Street Address: 504 SCOTT STR | EET | 8. Deposi | t account number: | |
| FORT DETRICK | | 21.0380 |) | |
| | State: MDZIP: 21702 | (Attach | duplicate copy of this | page if paying by deposit account) |
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| 9. Statement and signature. To the best of my knowledge and of the original document. ELIZABETH ARWINE, Reg. No. Name of Person Signing Total numb | 45,867 Elizatu per of pages including cover | <u>eth Aru</u> Signatu sheet, attachm | une nents, and document | 11 Feb 2003 Date |
| | Mail documents to be recorded w | | heet information to: Assignments | PATENT |

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Commissioner of Patents & Trademarks, D Washington, D.C. 20231

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| Title of Invention: SYRIN | NGE HOLDER ATT. | ACHMENT FOR ME | DICATION | | |
| nventor(s) Kathryn A. | Weesner; Steven C. | Walker; John M. Sher | oherd | | |
| Application Serial No.: (37 | 09/789,704 | | | | |
| 3, Date Oath Executed: _8 | /31/2001; 5/1/2 <u>/3/2001</u> | 2001; *Filing Date: | | February 22, 2001 | |
| | (*Data not known at e | execution may be added | for better iden | tification.) | |
| I (We), the undersigned rture of the circumstance | | • | | of the United States acquired by y: | |
| nd interest throughout th nd application for patent | e United States, its Ter and all Letters Patent is | rritories, Possessions, ar issuing thereon, and any | nd Puerto Rico, continuation, c | ary of the Army, the entire right, title in and to the above-entitled invention continuation-in-part or division of said | |
| hich the Government, wi oplication to be filed; pro- reign country or fails to such foreign country sh | ithin eight months of the wided that if the Govern make such a determina all remain in me (us), su ssue on the invention in | he filing of the United Sta nment determines not to ation, within the said eigl ubject to a nonexclusive n such foreign country, in | ates application cause an appli ht months, all r , irrevocable, ro ncluding the po | invention in those foreign countries in a for patent, determines to cause an ication to be filed in any particular right, title and interest in the invention oyalty-free license to the Government ower to issue sublicenses for use in | |
| e . | ion of patent application | ins on the invention, the | • | <pre>kecute any further documents id settlement of interferences and</pre> | |
| gnature of Inventor: | (First pame) | (Middle Initi | all all | MAA (Last name) | |
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| | (First fame) (First fame) ny Institute of Surgica (Locality) | (Middle Initianal Research, Fort Sam | Houston, Tex | (Last name) (Last name) (State) | |
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| uty Address: <u>U.S. Arm</u> ate: <u>17 Ma</u> ate of: <u>Vyas</u> | (Locality) | (Coun | ity) K A | (State) | |
| uty Address: <u>U.S. Arm</u> ate: <u>17 Ma</u> ate of: <u>Vyas</u> | (Locality) Y (D) *** | (Coun | ity) K A | (State) | |
| uty Address: U.S. Arm ate: 17 Ma ate: 17 Ma ate of: <u>Jupas</u> ounty of: <u>Dupan</u> On the above date ad who executed the fore | (Locality) | (Coun Typed Name of * * * * * * * * * * * * * * * A. WEESNER | Inventor: KA * * * * * known to m | (State) | |
| uty Address: U.S. Arm ate: 17 Ma ate of: <u>Jupas</u> ounty of: <u>Dupan</u> On the above date ad who executed the fore | (Locality) | (Coun Typed Name of * * * * * * * * * * * * * * * A. WEESNER | Inventor: KA * * * * * known to m | <i>(State)</i> ATHRYN A. WEESNER ne to be the individual described in | |
| uty Address: U.S. Arm ate: 17 Ma ate of: <u>Uyas</u> bunty of: <u>Buyar</u> On the above date ad who executed the fore t and deed. | (Locality) | (Coun Typed Name of * * * * * * * * * * * * * * * A. WEESNER | Inventor: KA * * * * * known to m acknowledged | (State) ATHRYN A. WEESNER ne to be the individual described in I to me that the same as his own free Mauricud | |
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| ASSIGNOR(#) OR LICENSOR(#) NAME(#) ASSIGNOR(#) OR LICENSOR(#) NAME(#) ASSIGNOR(#) OR LICENSOR(#) NAME(#) TITLE VIEW ALL CONSTRUCTION TITLE OF INVENTION RINGE HOLDER ATTACHMENT FOR MEDICATION SIGNATURE OF INVENTOR: TOTAL CONSTRUCT FOR MEDICATION SIGNATURE OF INVENTOR: TOTAL CONSTRUCTION SIGNATURE OF INVENTOR: TOTAL CONSTRUCTION STATE OF ANDRE T. CHONG ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: On the above data DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 TOT the obove data CONSTRUCTION SIGNATURE OF INVENTOR: STATE OF ANDRE T. CHONG ADDRE SILL OF CONSTRUCT SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR: SIGNATURE OF INVENTOR'S TYPED NAME: DITY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: SIGNATURE OF INVENTOR'S TYPED NAME | | | |
| ASSIGNATURE OF INVENTOR: 007789,704 ITHEYN A. WEESNER; STEVEN C. WALKER: 3. FILING DATE IN M. SHEPHERD Stevention SIGNATURE OF INVENTOR: | | and 2874-R when additional sig | |
| IN M. SHEPIERD ITTLE OF INVENTION RINGE HOLDER ATTACIIMENT FOR MEDICATION SIGNATURE OF INVENTOR: | ASSIGNOR(s) OR LICENSOR(s) NAME(s) | | |
| RINGE HOLDER ATTACIIMENT FOR MEDICATION Iteration SIGNATURE OF INVENTOR: Iteration DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: Image: STEVEN C. WALKER STATE OF Inventor's TYPED NAME: STATE OF STEVEN C. WALKER Not the above date STEVEN C. WALKER Not the above date STEVEN C. WALKER My Commission Expires: On the above date STATE OF State Steven C. WALKER Model Mage: State Steven C. WALKER My Commission Expires: State Steven C. WALKER My Commission Expires: State State Steven C. WALKER My Commission Expires: My Commission expires on ID - 2.5 - D.4 SIGNATURE OF INVENTOR: My Commission expires on ID - 2.5 - D.4 My Commission Expires: My Commission expires on ID - 2.5 - D.4 DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: Inventor's TYPED NAME: IDTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: Inventor's TYPED NAME: On the above date JOHN M. SHEP | ATHRYN A. WEESNER; STEVEN C. WALKE DHN M. SHEPHERD | <i></i> 3 . | |
| SIGNATURE OF INVENTOR: | TITLE OF INVENTION | | |
| SIGNATURE OF INVENTOR: | RINGE HOLDER ATTACHMENT FOR MED | CATION | <u> </u> |
| | | A 1.1.0 (1) | |
| DATE SIGNED: 6-7-01 INVENTOR'S TYPED NAME: STEVEN C. WALKER STATE OF COUNTY OF STLLDTOR SS. On the above data STEVEN C. WALKER Inventor was and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: SIGNATURE OF INVENTOR: If the county intervent duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. SIGNATURE OF INVENTOR: SIGNATU | (First name) | | |
| STATE OF STEVEN C. WALKER Known to me to be the individual described in and where executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own for each of deed. STATE OF NOT Public - NOT Seal STATESOF MASSOURI SI. Louis County My Commission expires on D_2SD4 SIGNATURE OF INVENTOR: | DUTY ADDRESS: U.S. Army Institute of Surgic | | |
| STATE OF COUNTY OF STILLOWS SS. STEVEN C. WALKER Known to me to be the individual described in and who executed the toregoing instrument duty appeared before me and acknowledged to me that he executed the same as his own free act and deed. Motary Public - Notary Seal STATE OF MY Commission Expires: Oct. 25, 2004 SIGNATURE OF INVENTOR: W/ Commission expires on D_25D4 SIGNATURE OF INVENTOR: W/ Commission expires on Last name! DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: STATE OF COUNTY OF On the above date JOHN M. STEPHERD Known to me to be the individual described in and who executed the foregoing instrument duly appeared bafore me and acknowledged to me that he executed the same as his own free act and deed. (SEAL) DEFENSIVE 20-05, MAR /4.WHICH IS OBSOLUTE Page 2 of 3 | DATE SIGNED: 6-M-DI | | |
| S. STEVEN C. WALKER STORE of the above date STEVEN C. WALKER STATE of MNSSOURI S. Losis County My Commission Expires: Ct. 25, 2004 My Commission expires on | _* * | * * * ** ** ** ** ** ** ** ** ** ** | |
| S. STEVEN C. WALKER STORE of the above date STEVEN C. WALKER STATE of MNSSOURI S. Losis County My Commission Expires: Ct. 25, 2004 My Commission expires on | Missouri | } | |
| On the above date Executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed. MANDRE T. CHONG Model instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed. My Commission Expires: Oct. 25, 2004 My Commission expires on | STIDUA |) SS.) | |
| Destructed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed. ANDRE T. CHONG | STEVEN C. V | ALKER known to n | be to be the individual described in and who |
| free act and deed. MANDRE T. CHONG Notary Public - Notary Seal STATEGREMISSOURI St. Louis County Wy Commission Expires: Oct. 25, 2004 My Commission Expires: Oct. 25, 2004 My Commission expires on | On the above date executed the foregoing instrument duly appeared b | fore me and acknowledged to | me that he executed the same as his own |
| Notary Public - Notary Seal STATE OF MISSOURI St. Louis County My Commission Expires: Oct. 25, 2004 JAnArd, J. Ukuny Istignature of Marry public) My Commission expires on | free act and deed. | | |
| STATE OF MISSOURI St. Louis County My Commission Expires: Oct. 25, 2004 Isignature of Alary public: Isignature of Alary public: My Commission expires on | | Δι | 1 Al and |
| St. Louis County My Commission Expires: Oct. 25, 2004 My Commission expires on | Notary Public - Notary Seal STATEGAIMISSOURI | Janova | J. Church |
| My Commission expires on | St. Louis County | | (Signature of Nd tary public) |
| (First name) (Middle initial) (Last name) DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: INVENTOR'S TYPED NAME: JOHN M. SHEPHERD *** ************* STATE OF | My Commission Expires: Oct. 25, 2004 | My Commission expires | on 10-25-04 |
| (First name) (Middle initial) (Last name) DUTY ADDRESS: U.S. Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315 DATE SIGNED: INVENTOR'S TYPED NAME: JOHN M. SHEPHERD *** ************* STATE OF | | | |
| DATE SIGNED: INVENTOR'S TYPED NAME: JOHN M. SHEPHERD ************************************ | | (Middle initial) | (Last name) |
| *** *** ********************************* | DUTY ADDRESS: U.S. Army Institute of Surgi | al Research, Fort Sam Hous | ton, Texas 78234-6315 |
| *** *** ********************************* | | | JOHN M. SHEPHERD |
| COUNTY OF | DATE SIGNED: | INVENTOR'S TYPED NAME: | |
| COUNTY OF | * * | * * * * * * * * * * * | |
| COUNTY OF | STATE OF |) | |
| On the above date JOHN M. SHEPHERD known to me to be the individual described in and wh executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed. (SEAL) (SEAL) (SEAL) (SEAL) (SEAL) (Seating a formulation of notary public) (Seating a formu | |) SS. | |
| executed the foregoing instrument duly appeared before me and acknowledged to me that he executed the same as his own free act and deed. (SEAL) (SEAL) (SEAL) (Signature of notary public) My Commission expires on Page 2 of 3 | COUNTY OF | | |
| My Commission expires on DA FORM 4230-R, APR 93 REPLACES DA FORM 4230-R, MAR 74, WHICH IS OBSOLETE Page 2 of 3 | executed the foregoing instrument duly appeared t | EPHERD known to afore me and acknowledged to | me to be the individual described in and wh me that he executed the same as his own |
| My Commission expires on DA FORM 4230-R, APR 93 REPLACES DA FORM 4230-R, MAR 74, WHICH IS OBSOLETE Page 2 of 3 | | | |
| DA FORM 4230-R, APR 93 REPLACES DA FORM 4230-R, MAR 74, WHICH IS OBSOLETE Page 2 of 3 | (SEAL) | · | (Signature of notary public) |
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| Use this form with DA Forms 2873-R and 2874-R wh | hen additional signature blocks are needed. |
|---|--|
| . ASSIGNOR(s) OR LICENSOR(s) NAME(s) | 2. APPLICATION SERIAL NUMBER 09/789,704 |
| ATHRYN A. WEESNER; STEVEN C. WALKER; OHN M. SHEPHERD | 3. FILING DATE February 22, 2001 |
| . TITLE OF INVENTION | |
| YRINGE HOLDER ATTACHMENT FOR MEDICATION | |
| SIGNATURE OF INVENTOR: | |
| (First name) | (Middle initial) (Last name) |
| DUTY ADDRESS: U.S. Army Institute of Surgical Research, F | Fort Sam Houston, Texas 78234-6315 |
| | STEVEN C. WALKER |
| DATE SIGNED: INVENTOR'S T | YPED NAME: ★ * + + + + ★ |
| | |
| STATE OF) SS. | |
| COUNTY OF) | |
| On the above date STEVEN C. WALKER executed the foregoing instrument duly appeared before me and ac free act and deed. | known to me to be the individual described in and who knowledged to me that he executed the same as his own |
| (SEAL) | |
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| SIGNATURE OF INVENTOR: | Middle initial) (Läst name) |
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| DUTY ADDRESS: U.S. Army Institute of Surgical Research, F | |
| DATE SIGNED: 02/05/2003 INVENTOR'S | TYPED NAME: JOHN M. SHEPHERD |
| * * * * * * * | * * * * * |
| STATE OF TEXAD | |
| COUNTY OF (30 Xan) SS. | |
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| On the above date JOHN M. SHEPHERD executed the foregoing instrument duly appeared before me and act free act and deed. | known to me to be the individual described in and who knowledged to me that he executed the same as his own |
| \sim | Janas M. Jansiae |
| | (Signature of notary public) |
| NOTARY PUBLIC STATE OF TEXAS | mission expires on Yeb may 25, 2006 |
| FEBRUARY 25, 2006 My Com | mission expires on |
| | B 74 WHICH IS OBSOLETE Page 2 of 2 Pages |
| DA FÖRM 4230-R, APR 93 REPLACES DA FORM 4230-R, MA | |
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