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Form PTO-1595

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Tab settings	Please record the attached original documents or copy thereof.
	Name and address of receiving party(ies)
1. Name of conveying party(ies): MING-HSIUNG HU	Name: OPTIMA HEALTHCARE INC.
MING-HSIUNG HU \.\5.03	
•	Internal Address:
Additional name(s) of conveying party(ies) attached? 🖵 Yes 🌇 No	
3. Nature of conveyance:	
Assignment	
	Street Address: No. 3-1, Shiautsuokeng,
Security Agreement	Fu Yuan Tsuen, Guei Shan Hsiang
☐ Other	
	City: Taoyuan Hsien, Taiwan, R.O.C.
Execution Date:1/8/2003	Additional name(s) & address(es) attached? 📮 Yes 🗓 !
4. Application number(s) or patent number(s):	
• •	lication, the execution date of the application is: $1/8/6$
A. Patent Application No.(s)	B. Patent No.(s) 10347393
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	103-17-9-13
Additional numbers a	ttached? ☐ Yes ☑ No
5. Name and address of party to whom correspondence	ttached? Yes No
	ttached? Yes No 6. Total number of applications and patents involved:
5. Name and address of party to whom correspondence	ttached? Yes No
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ASSIGNMENT L	EED , ,
This Assignment agreement is applicable to an invention entitled PREVENTING SICKBED FROM DEFORMATION	(invention Title) REINFORCING STRUCTURE
The PATENT RIGHTS referred to in this agreement are:	
(Check one)	e ASSIGNOR(s) concurrently with this Assignment
U.S. Patent No.	, filed
The PATENT RIGHTS assigned under this agreement are:	
(Check one) U.S. Patent rights only worldwide Patent rights. In this case, the assignee si	nall have the right to claim the benefit of the filing date of
any U.S. Patent Application identified above.	ial have the right to claim the benefit of the ming date of
The ASSIGNOR(s) referred to in this agreement is (or are):	
(Full name of first assignor) MING-HSIUNG HU	
(Address) No. 3-2, Hsiao Tsu Kang, Fuyuan Villag	e, Kuei Shan Hsang, Toyuan Hsien,
Taiwan, R.O.C. (Full name of second assignor, if any)	
(Address)	
(Full name of third assignor, if any)	
(Address)	
(Full name of fourth assignor, if any)	
(Address)	
(,100,000)	
The First ASSIGNEE referred to in this agreement is: (Name of Assignee)OPTIMA_HEALTHCARE_INC.	
(Name of Assignee) <u>Of TIMA HEALTHCARE INC.</u> (Address of Assignee) <u>No. 3-1, Shiautsuokeng, Fu Yuan</u>	Touen Guei Shan Heiang, Taoyuan
Hsien, Taiwan, R.O.C.	Tibuch, Ouel Dhan Holang, Taoyaan
The Second ASSIGNEE referred to in this agreement is:	
(Name of Assignee)	
(Address of Assignee)	
The First ASSIGNEE is:	
(Check one) an individual	
a partnership	
🛣 a Corporation of Taiwan, R.O.C.	
The Second ASSIGNEE is:	(State or Country)
(Check one) an individual	
a partnership	
a Corporation of	
	(State or Country)
☐ Additional assignees are being named on s	eparately numbered sheets attached hereto.
The ASSIGNOR(S), in consideration of \$1.00 paid by each ASSI which is acknowledged, have and do hereby assign the following to each a	GNEE, and other good and valuable consideration, receipt of ASSIGNEE; their successors and assigns:
the full and exclusive right to the invention;	A DATENT BIOLITO S. C. C. C.
an equal interest in and to the entire right, title and inte	rest in and to the PATENT RIGHTS in the invention, all es, and re-examination patents and patent applications; and
the right to claim priority under 35 U.S.C. 119, based o	and re-examination patents and patent applications, and any earlier foreign applications for this invention
As to all U.S. Patent Applications assigned under this Agreemen	t, the ASSIGNOR(S) hereby authorize(s) and requests the
Director of Patents and Trademarks to issue all Letters Patent to the ASSI	GNEE(s) as the ASSIGNEE(s) of an equal interest in the
entire right, title and interest, for the sole use and enjoyment of said ASSI	GNEE(s), their successors and assigns.
Further, the ASSIGNOR(s) agree(s) to communicate to said ASS	IGNEE(s), or their representatives, any facts known to the
ASSIGNOR(s) respecting said invention, and testify in any legal proceedir continuation-in-part, substitute, renewal, reexamination and reissue applic	igs, sign all lawful papers, execute all divisional, continuation,
any and all Letters Patent to be issued to said ASSIGNEE(s), make all rig	htful oaths and generally do everything necessary or desir-
able to aid said ASSIGNEE(s), their successors and assigns, to obtain an	d enforce proper protection for said invention.
(Signature of sole or first assignor) FAMILY NAME)	1/8/2003
(Signature of sole or first assignor) FAMILY NAME)	(Date)
(Signature of second assignor, if any)	(Date)
(
(Signature of third assignor, if any)	(Date)
(Signature of fourth assignor, if any)	(Date)
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