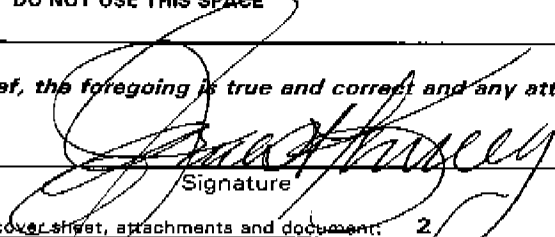
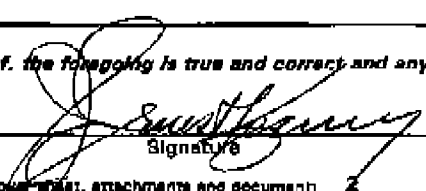


B/O FORM PTO-1595 (Rev. 4/00)		U.S. Department of Commerce Patent and Trademark Office	
RECORDATION FORM COVER SHEET PATENTS ONLY DOCUMENT ID 700065621			
To the Commissioner for Patents. Please record the attached original documents or copies thereof.			
1. Name of Conveying Party(ies): Carstens Orthopaed e-und Medizintechnik GmbH <input type="checkbox"/> Additional names of conveying parties attached.		2. Name and Address of Receiving Party(ies): Name: Ossur hf Internal Address: Street Address: Grjothals 5 City, State, Zip: 110 Reykjavik, Iceland <input type="checkbox"/> Additional name(s) and address(es) attached.	
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: 01/21/04			
4. (A) Patent Application Number(s): PCT/DE02/03085 filed 08/23/02 PCT/DE02/03084 filed 08/23/02 PCT/DE02/04059 filed 10/31/02 EACH DESIGNATING THE U.S. If this document is being filed together with a new application, the execution date of the application is: <input type="checkbox"/> Additional Numbers Attached		4. (B) Patent Number(s):	
5. Name and Address of Party to whom Correspondence Concerning this Document Should be Mailed: Name: Address: 23364 Customer Number Phone: (703) 683-0500		Total Number of Applications and Patents Involved: 1 7. Total Fee: (37 CFR 3.41) \$120.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit Account Number: 02-0200 <small>ATTACH DUPLICATE COPY OF THIS PAGE IF PAYING BY DEPOSIT ACCOUNT</small>	
DO NOT USE THIS SPACE			
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true copy of the original document.</i> J. ERNEST KENNEY		 February 12, 2004	
Name of Person Signing		Signature	Date
Total number of pages including cover sheet, attachments and document: 2			

CH \$120.00 020200

02/11/2004
700065621

RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. Department of Commerce Patent and Trademark Office
To the Commissioner for Patents. Please record the attached original documents or copies thereof.		
1. Name of Conveying Party(ies): Caretens Orthopaedie- und Medizintechnik GmbH <input type="checkbox"/> Additional names of conveying parties attached.	2. Name and Address of Receiving Party(ies): Name: Ossur hf Internal Address: Street Address: Grjothals 6 City, State, Zip: 110 Reykjavik, Iceland <input type="checkbox"/> Additional name(s) and address(es) attached.	
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: 01/21/04	
4. (A) Patent Application Number(s): PCT/DE33/03085 PCT/DE33/03084 PCT/DE33/04089 EACH DESIGNATING THE U.S.	4. (B) Patent Number(s):	
If this document is being filed together with a new application, the execution date of the application is:		
<input type="checkbox"/> Additional Numbers Attached		
5. Name and Address of Party to whom Correspondence Concerning this Document Should be Mailed: Name: Address: 23364 Customer Number Phone: (703) 683-0500	Total Number of Applications and Patents Involved: 1 7. Total Fee: (37 CFR 3.41) \$120.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit Account Number: 02-0200 <small>ATTACH DUPLICATE COPY OF THIS PAGE IF PAYING BY DEPOSIT ACCOUNT</small>	
DO NOT USE THIS SPACE		
9. Statement and Signature: <i>To the best of my knowledge and belief, the foregoing is true and correct and any attached copy is a true copy of the original document.</i>		
J. ERNEST KENNEY Name of Person Signing	 Signature	February 11, 2004 Date
Total number of pages including cover sheet, attachments and documents: 7		

