

Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings ⇌ ⇌ ⇌		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): HSVIT, LLC f/k/a Promex, LLC		2. Name and address of receiving party(ies) Name: Promex Technologies, LLC Internal Address: _____ _____ Street Address: 3049 Hudson St. _____ City: Franklin State: IN Zip: 46131			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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: may 3, 2004		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4. Application number(s) or patent number(s): 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) 6,228,049		
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deborah Beck Internal Address: _____ Promex Technologies, LLC _____ Street Address: 3049 Hudson St. _____ City: Franklin State: IN Zip: 46131			6. Total number of applications and patents involved: 4		
			7. Total fee (37 CFR 3.41).....\$ 40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: 502772 (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i>					
Deborah Beck Name of Person Signing		Deborah Beck Signature		may 3, 2004 Date	
Total number of pages including cover sheet, attachments, and documents: 3					

CH \$40.00 502772 6228049

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I/WE, the undersigned, HSVIT, LLC f/k/a Promex, LLC, a limited liability company of Indiana, having an address of 3049 Hudson Street, Franklin, IN 46131, do hereby sell, assign, and transfer to: Promex Technologies, LLC, a limited liability company of Indiana, having a place of business at 3049 Hudson Street, Franklin, Indiana 46131, ("Assignee"), its successors, assigns, and legal representatives, the entire right, title and interest for the United States and all foreign countries, in and to any and all inventions and improvements which are disclosed in the application for United States Letters Patent,

() which has been executed by the undersigned concurrently herewith,

(X) which was filed on 9/2/1998 and assigned Serial No. 09/145,419 and issued as U.S. Patent No. 6,228,049.

and is entitled: SURGICAL AND PHARMACEUTICAL SITE ACCESS GUIDE AND METHODS and in and to said application and all divisional, continuing, substitute, renewal, reissue, and all other applications for Letters Patent which have been or shall be filed in the United States and all foreign countries on any of said improvements; and in and to all original and reissued patents which have been or shall be issued in the United States and all foreign countries on said improvements; and in and to all rights of priority resulting from the filing of said United States application; and

Agree that said Assignee may apply for and receive Letters Patent for said improvements in its own name; and that, when requested, without charge to, but at the expense of, said Assignee, its successors, assigns and legal representatives, to carry out in good faith the intent and purpose of this Assignment, the undersigned will execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications on any and all said improvements; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns, and representatives, all facts known to the undersigned relating to said improvements and the history thereof; and generally do everything possible which said Assignee, its successors, assigns or representatives shall consider desirable for aiding in securing and maintaining proper patent protection for said improvements and for vesting title to said improvements and all applications to patents and all patents on said improvements, in said Assignee, its successors, assigns and legal representatives; and

Covenant with said Assignee, its successors, assigns and legal representatives that no assignment, grant mortgage, license, or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

Signed at Franklin, Indiana, this 3rd day of May, 2004.

By:

Sean Miller

Sean Miller, President

HSVIT, LLC f/k/a Promex, LLC

STATE OF Indiana)

) ss:

COUNTY OF Johnson)

On this 3rd day of May, 2004, before me personally appeared Sean Miller to me personally known and known to be the person who signed the foregoing assignment, and acknowledged the signing thereof as his free act and deed.

(SEAL)

Sherrie J. Buchanan

Notary Public

Sherrie J. Buchanan

Printed Name

My commission expires:

12-13-06