

05-14-2004



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

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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(les).					
Submission Type Conveyance Type					
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Reel # Departmental File Secret File					
Conveying Party(ies)  Mark if additional names of conveying parties attached Month Day Year					
Name (line 1) Durward I. Faries, Jr. 04/29/2004					
Name (line 2)  Second Party  Execution Date					
	$\neg$				
Name (line 1) Bruce R. Heymann 04/29/2004  Name (line 2)	_				
Receiving Party  Mark if additional names of receiving parties attached  Figure 1) Patented Medical Solutions, LLC  If document to be record is an assignment and the	ed				
Name (line 2) is an assignment and the receiving party is not domiciled in the United					
States, an appointment					
Address (line 1) 9801 Orient Express Court representative is attached (Designation must be a	1.				
Address (line 2) separate document from Assignment.)					
Address (line 3) Las Vegas Nevada 89145  City State/Country Zip Code					
Domestic Representative Name and Address Enter for the first Receiving Party only.					
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PATENT

**REEL: 015313 FRAME: 0717** 

FORM PTO-1619E
Expires 06/30/99
OMB 0651-0027

## Page 2

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

Correspondent Name and Address Area Code and Telephone Number (301) 424-3640						
Name Edell, Shapiro & Finnan, LLC						
Address (line 1) 1901 Research Boulevard						
Address (line 2) Suite 400			W 74 8 10 10 10 10 10 10 10 10 10 10 10 10 10			
Address (line 3)						
Address (line 4) Rockville, MD 20850						
Pages Enter total number of pages of the attained including any attachments.	ached conveyance docum	ent	# 3			
Application Number(s) or Patent Number(s)		Mark if addition	nal numbers attached			
Enter either the Patent Application Number or the Patent Nu	ımber (DO NOT ENTER BOTH n	umbers for the s	ame property).			
Patent Application Number(s)		Patent Num	nber(s)			
10/683,155						
If this document is being filed together with a <u>new Patent Application</u> , enter the date the patent application was <u>Month Day Year</u> signed by the first named executing inventor.						
Patent Cooperation Treaty (PCT)	,					
Enter PCT application number PCT	PCT		PCT			
only if a U.S. Application Number has not been assigned.	PCT		PCT			
Number of Properties Enter the total number of properties involved. # 1						
Fee Amount Fee Amount for Prope	erties Listed (37 CFR 3.41):	\$ 40.0	0			
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Deposit Account (Enter for payment by deposit account or if additional fees of	ם can be charged to the account.)					
Deposit A	Account Number:	# 05-0	460			
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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.						
Stuart B. Shapiro	tral B Stan		05/07/2004			
Name of Person Signing	Signature	_	Date			

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## FORM PTO-16(19)C Expires 06/30/99 OMB 0651-0027

RECORDATION FORM COVER SHEET U.S. Department of Commerce CONTINUATION Patent and Trademark Office **PATENT** PATENTS ONLY Mark if additional names of conveying parties Conveying Party(let) NT& attached **Enter additional Conveying Parties Execution Date** Day Month Name (line 1) David Hendrix 04/29/2004 Name (line 2) **Execution Date** Month Day Year Name (line 1) Name (line 2) **Execution Date** Month Dav Year Name (line 1) Name (line 2) Mark if additional names of conveying parties attached Receiving Party(ies) Enter additional Receiving Party(ies) if document to be recorded Name (line 1) is an assignment and the receiving party is not Name (line 2) domiciled in the United States, an appointment of a domestic representative Address (line 1) is attached. (Designation must be a separate Address (line 2) document from Assignment.) Address (line 3) City State/Country Zip Code Name (line 1) If document to be recorded is an assignment and the receiving party is not Name (line 2) domiciled in the United States, an appointment of a Address (line 1) domestic representative is attached. (Designation must be a separate document from Address (line 2) Assignment.) Address (line 3) City State/Country Zip Code 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(s)

**PATENT** 

REEL: 015313 FRAME: 0719

## ASSIGNMENT

WHEREAS, we, Durward I. Faries, Jr., Bruce R. Heymann and David Hendrix, residing at 9801 Orient Express Court, Las Vegas, Nevada 89145, 9701 Woodland Glen Court, Vienna, Virginia 22182 and 20878 Ivymount Terrace, Ashburn, Virginia 20147 respectively, have invented certain new and useful improvements in Method and Apparatus for Controlling Temperature of Infused Liquids, for which a patent application for United States Letters Patent

	is attached hereto, assigned attorney docket number	
X_	was filed on October 14, 2003 as United States Application Serial No. 19	0/683,155.

WHEREAS, Patented Medical Solutions, LLC, a limited liability company of the State of Nevada, having a place of business at 9801 Orient Express Court, Las Vegas, Nevada 89145, is desirous of acquiring the entire right, title and interest in and to said invention and in and to any Letters Patent that may be granted therefor in the United States and in any and all foreign countries.

NOW, THEREFORE, in consideration of the sum of ten dollars (\$10.00) and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, we have sold, assigned and transferred, and by these presents do sell, assign and transfer unto Patented Medical Solutions, LLC the full and exclusive right to said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title and interest in and to any and all Letters Patent which may be granted thereon in the United States and its territorial possessions and in any and all foreign countries, and in and to any and all non-provisional applications, divisions, reissues, continuations and extensions thereof pertaining to said invention.

We hereby authorize and request the Patent and Trademark Office officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to said Patented Medical Solutions, LLC, as the assignee of the entire interest in and to the same, for the sole use and behalf of Patented Medical Solutions, LLC, its successors and assigns.

FURTHER, we agree that we will communicate to Patented Medical Solutions, LLC, or its representatives, any facts known to us respecting said invention, and testify in any legal proceedings, sign all lawful papers, execute all non-provisional, divisional, continuation, substitution, renewal and reissue applications pertaining to said invention, execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to Patented Medical Solutions, LLC, make all rightful oaths and generally do everything possible to aid Patented Medical Solutions, LLC, its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

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PATENT REEL: 015313 FRAME: 0720

named Durward I. Faries, Jr., to me known and	Durward I. Faries, Jr.  , 2004 personally appeared before me the above I known to me to be the person described in, and knowledged the same to be his free act and deed ent.				
Melissa Moorman NOTARY PUBLIC Commonwealth of Virginia Melicula 31, 2005	NOTARY PUBLIC My Commission Expires: 3/31/05				
Date  Date					
Melissa Moorman NOTARY PUBLIC Commonwealth of Virginia My Commission Expires MARCH 31, 2005	Melissa Mooiman  NOTARY PUBLIC My Commission Expires: 3/31/05				
4/29/04 Date	David Hendrix				
On this 29th day of April , 2004, personally appeared before me the above named David Hendrix to me known and known to me to be the person described in, and who executed, the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.					
Melissa Moorman NOTARY PUBLIC Commonwealth of Virginia My Commission Expires MARCH 31, 2005	NOTARY PUBLIC My Commission Expires: 3/31/05				

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The foregoing Assignment is hereby accepted by Patented Medical Solutions, LLC

4 29 64

Date

On this 24 day of April , 2004, personally appeared before me the above named Durward I. Faries, Jr., to me known and known to me to be the person described in, and who executed, the foregoing instrument and acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.

(SEAL)

Melissa Moorman

NOTARY PUBLIC

My Commission Expires: 3 31 65

NOTARY PUBLIC Commonwealth of Virginia My Commission Expires MARCH 31, 2005

RECORDED: 05/11/2004

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