

05-21-2004

5-1V24

Form PTO-1595
(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/12)

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2. Name and address of receiving party(ies)

Name: Bio-Tech Imaging, Inc.

Internal Address: _____

Street Address: P.O. Box 189

City: Buckeystown State: MD Zip: 21717

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3. Nature of conveyance:



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A. Patent Application No.(s)

09/893,604

B. Patent No.(s)

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5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Theranostech, Inc.

Internal Address: Attn: Patent Counsel

Street Address: 5741 Midway Pk Blvd NE

City: Albuquerque State: NM Zip: 87109

6. Total number of applications and patents involved: ☐

7. Total fee (37 CFR 3.41).....\$ 40



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6 May 2004

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