(Rev. 03/01) OMB No. 0651-0027 (exb. 5/31/2002)	U.S. DEPARTMENT OF COMMER U.S. Patent and Trademark O
To the Honorable Commissioner of Patents and Trademans.	.ginal documents or copy thereof.
Name of conveying party(ies): Adroit Medical Systems, Inc.	Name and address of receiving party(ies) Name: Adroit Development, Inc Internal Address:
Additional name(s) of conveying party(ies) attached? 🛄 Yes 🔯 No	
3. Nature of conveyance:	
Assignment ☐ Merger ☐ Security Agreement ☐ Change of Name ☐ Other	Street Address: 1146 Carding Machine Rd P.O. Box 277
	City: Loudon State: TN Zip: 37774-0
Execution Date: August 03, 2004	Additional name(s) & address(es) attached? Yes
4. Application number(s) or patent number(s):	Additional name(s) & address(es) attached?
If this document is being filed together with a new appli	igation the execution data of the application is
A. Patent Application No.(s)	B. Patent No.(s)
Additional numbers att	ached? ☐ Yes ☒ No
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:
Name: Thomas A. Kulaga	7. Total fee (37 CFR 3.41) \$ \$40
	7. Total fee (57 Of 13.41)
Internal Address:	Enclosed
	7
Internal Address:	☑ Enclosed
Internal Address:	Authorized to be charged to deposit account 8. Deposit account number:
Street Address: Pitts & Brittian, P.C. P.O. Box 51295	Enclosed Authorized to be charged to deposit account 8. Deposit account number: 16-1910
Street Address: Pitts & Brittian, P.C. P.O. Box 51295 City: Knoxville State: TN Zip: 37950-1295	Authorized to be charged to deposit account 8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account
Street Address: Pitts & Brittian, P.C. P.O. Box 51295 City: Knoxville State: TN Zip: 37950-1295 DO NOT USE	Authorized to be charged to deposit account 8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account
Street Address: Pitts & Brittian, P.C. P.O. Box 51295 City: Knoxville State: TN Zip: 37950-1295 DO NOT USE 9. Statement and signature. To the best of my knowledge and belief, the foregoing	Authorized to be charged to deposit account 8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account this space)
Street Address: Pitts & Brittian, P.C. P.O. Box 51295 City: Knoxville State: TN Zip: 37950-1295 DO NOT USE 9. Statement and signature. To the best of my knowledge and belief, the foregoing is a true copy of the original document.	Authorized to be charged to deposit account 8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account this space information is true and correct and any attached copy
Street Address: Pitts & Brittian, P.C. P.O. Box 51295 City: Knoxville State: TN Zip: 37950-1295 DO NOT USE 9. Statement and signature. To the best of my knowledge and belief, the foregoing	Authorized to be charged to deposit account 8. Deposit account number: 16-1910 (Attach duplicate copy of this page if paying by deposit account) THIS SPACE information is true and correct and any attached copy Signature Date

PATENT REEL: 015672 FRAME: 0816 Express Mail No.: EV434158145US

Docket Number: 27230.02

ASSIGNMENT

Adroit Medical Systems, Inc., a Tennessee corporation, domiciled in the County of Loudon, TN for good and valuable consideration, receipt of which is hereby acknowledged, has assigned and does hereby assign to

Adroit Development, Inc, a corporation of Tennessee, domiciled in Loudon County, TN its successors, assigns, and legal representatives the entire right, title and interest throughout the world in and to U.S. Serial No. 10/202,762, filed on 7/24/2002, entitled:

Convective Heat Therapy Device

and in and to all patent and all convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter or improvements therein. I agree to sign all papers necessary to secure all said patent rights, and request issuance of all said patents to Assignee in accordance with this assignment.

Dated: 8-3-04

RECORDED: 08/11/2004

IN THE COUNTY OF London	
STATE OF Tennessee)ss.:	
I hereby certify that before me personally appeared <u>Clifford Eugene Gammons</u> , who acknowledged that he is the President of Adroit Medical Systems, Inc., and that he/she has full authority to act	on
behalf of Adroit Medical Systems, Inc. in the disposition of the intellectual property herein described, pers known by me, who then and there was duly sworn by me, and under oath acknowledged that the foregoing instrument	
duly signed, sealed and delivered by him on the date appearing at the foot thereof, all of which took place within my	
jurisdiction. Cynclia Ganen	
NOTARY PUBLIC My Commission Expires: May 10 200	25_

Title: President

Adroit Medical Systems, Inc.

Name: Clifford Eugene Gammons

REEL: 015672 FRAME: 0817