

09-27-2004



EET

9-17-04

102844944

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Dr. Carlos R. Morales

Execution Date(s) 9/16/04

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Chemence Medical Inc.

Internal Address: _____

Street Address: 185 Bluegrass Valley Parkway

City: Alpharetta

State: GA

Country: USA Zip: 30005

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☒ This document is being filed together with a new application.

A. Patent Application No.(s)

2004 RNEBRAHT 00000035 10944635

8021

40.00 OP

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Dr. Joseph Rach

Internal Address: _____

Street Address: 185 Bluegrass Valley Parkway

City: Alpharetta

State: GA Zip: 30005

Phone Number: 770-664-6624 x 231

Fax Number: _____

Email Address: jrach@chemence-us.com

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☒ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

Joseph E. Rach
Signature

09/16/04
Date

Joseph Rach

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

2

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

PATENT
REEL: 015813 FRAME: 0079

ASSIGNMENT OF APPLICATION

Docket Number (Optional)

1005-101

Whereas, I/We, Carlos R. Morales of Cumming, GA, hereafter referred to as applicant, have invented certain new and useful improvements in sterilization of cyanoacrylate adhesives

☐ for which an application for a United States Patent was filed on _____

Application Number _____

☒ for which an application for a United States Patent was executed on 9/16/04, and

Whereas, Chemence Medical Inc. of Alpharetta, GA here referred to "assignee" whose mailing address is 185 Bluegrass Valley Pkwy; Alpharetta, GA is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of 10.⁰⁰ ten dollars (\$ 10.⁰⁰), the receipt whereof is acknowledge, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 16th day of September, 20 04
at Alpharetta, GA

Michelle Alfreds
Signature

State of Georgia)
County of Forsyth) SS:

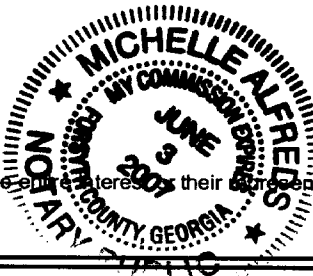
Michelle Alfreds
Printed Name/Registration No., if applicable

Before me personally appeared said Carlos R. Morales

and acknowledged the foregoing instrument to be his free act and deed this 16th
day of September, 20 04

Seal

Note: Signatures of all the inventors or assignees of record of the entire interest in their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.



☒ Total of 1 forms are submitted.

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.