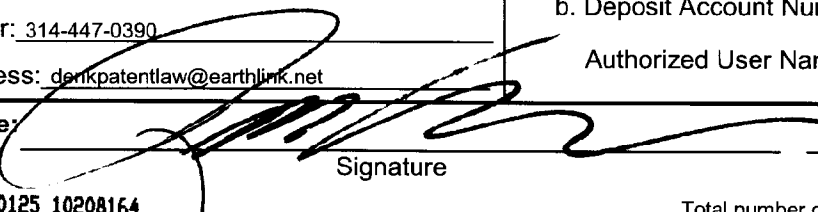


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DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

11615	
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
<b>1. Name of conveying party(ies)/Execution Date(s):</b>  James A. Muir  Execution Date(s) <u>November 5, 2003</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b>  Name: <u>Innovative Medical Corporation</u>  Internal Address: _____  Street Address: <u>#8 Outer Ladue Drive</u>  City: <u>St. Louis</u>  State: <u>Missouri</u>  Country: <u>United States</u> Zip: <u>63131</u>  Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Nature of conveyance:</b>  <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	<b>4. Application or patent number(s):</b> <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>10/208,164</u> B. Patent No.(s)  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>5. Name and address to whom correspondence concerning document should be mailed:</b>  Name: <u>Paul M. Denk</u>  Internal Address: _____  Street Address: <u>763 S. New Ballas Road, Suite</u>  City: <u>St. Louis</u>  State: <u>Missouri</u> Zip: <u>63141</u>  Phone Number: <u>314-872-8136</u>  Fax Number: <u>314-447-0390</u>  Email Address: <u>denkpatentlaw@earthlink.net</u>	<b>6. Total number of applications and patents involved:</b> <u>1</u>  <b>7. Total fee (37 CFR 1.21(h) &amp; 3.41)</b> \$ <u>40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)  <b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date _____ b. Deposit Account Number <u>040731</u> Authorized User Name _____
<b>9. Signature:</b>  Signature _____ Date <u>1-3-05</u> Name of Person Signing _____ Total number of pages including cover sheet, attachments, and documents: <u>4</u>	

01/11/2005  
01 FC:8021

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: 016138 FRAME: 0389

## ASSIGNMENT

WHEREAS, I, the undersigned, JAMES A. MUIR, a citizen of the United States and residing in the City of St. Louis, State of Missouri, am a consultant of INNOVATIVE MEDICAL CORPORATION, a Missouri corporation, having a place of business located at #8 Outer Ladue Drive, St. Louis, Missouri 63131, and I understand and acknowledge that I enjoy such consulting, in part, because of my potential capacity to invent, and that one of my duties as such a consultant is to endeavor to make invention and improvements upon the same for the benefit of the Company, and that a condition of said consulting is that all patent rights appertaining to any invention by me, in the course of my consulting, and relating to the identified invention shall be assigned by me unto the said INNOVATIVE MEDICAL CORPORATION, without any additional charge whatsoever in addition to my salary;

AND WHEREAS, in the course of said consulting, I, the undersigned, JAMES A. MUIR, am the co-inventor of certain improvements in

**COMPRESSION GARMENT FOR SELECTIVE APPLICATION FOR  
TREATMENT OF LYMPHEDEMA AND RELATED ILLNESS MANIFESTED  
AT VARIOUS LOCATIONS OF THE BODY**

for which application was made to obtain letters patent of the United States.

NOW, THEREFORE, know all men by these presents that in compliance with the duties and obligations inherent in my aforesaid agreement, and in further consideration of a bonus of One Dollar (\$1.00), in hand paid by INNOVATIVE MEDICAL CORPORATION, (receipt whereof by me is hereby acknowledged) I, said JAMES A. MUIR, do hereby formally assign, transfer, and set over unto said INNOVATIVE MEDICAL CORPORATION, a corporation, its successors and assigns, all right, title, and interest in and to the aforesaid invention and patent application upon, COMPRESSION GARMENT FOR SELECTIVE APPLICATION FOR TREATMENT OF LYMPHEDEMA AND RELATED ILLNESS MANIFESTED AT VARIOUS LOCATIONS OF THE BODY, as fully and entirely as the same would have been held

and enjoyed by me if this assignment and sale had not been made; and I agree to execute such further applications, powers of attorney, assignments and other documents as may be necessary or desirable to fully effectuate this agreement.

AND, I further grant to INNOVATIVE MEDICAL CORPORATION, its successors and assigns, the right to claim for any application for said invention the full benefit of any international agreement between the United States and any foreign country or countries, and to file for patents in any foreign country.

AND I DO HEREBY authorize and request the Commissioner of Patents and Trademarks to issue the said Letters Patent, when granted, to the said INNOVATIVE MEDICAL CORPORATION, its successors and assigns, as assignee of the entire right, title, and interest in and to the said invention, for the sole use and behoof of said INNOVATIVE MEDICAL CORPORATION, a Missouri corporation, for its successors and assigns, to the full ends of the terms for which Letters Patent may be granted.

The Serial Number and filing date for the patent application contained in this assignment is as follows:

Serial No.: 10/208,164 Filed: 07/29/2002

EXECUTED and delivered this 5<sup>th</sup> day of NOVEMBER, 2003.

  
\_\_\_\_\_  
JAMES A. MUIR

STATE OF MISSOURI       )  
                                      ) SS:  
COUNTY OF St. Louis )

On this 5 day of November, 2003, before me, a Notary Public, personally appeared JAMES A. MUIR, to me known to be the person named in and who executed the above assignment, and acknowledged to me that he executed the same for the uses and purposes therein mentioned, as his own free act and deed.

[SEAL] LINDSAY M. SCHENATO  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Jefferson County  
My Commission Expires: July 30, 2007

Lindsay M. Schenato  
Notary Public

My Commission Expires: July 30 2007

D.N. 7333