orm <b>PTO-1595</b> (Rev. 09/ 04) MB No. 0651-0027 (exp. 6/30/2005)	U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office
RECORDATION FORM COVER SHEET	
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1. Name of conveying party(ies)/Execution Date(s):	2. Name and address of receiving party(ies)
STEPHEN H. WOLFF	
	WOLFF MEDICAL MARKETING
	Name: AND DESIGN, LLC
	Internal Address:
Execution Date(s): March 22, 2005  Additional name(s) of conveying party(ies) attached? Yes X No	Street Address:
Additional name(s) of conveying party(ies) attached?	271 NORTH AVENUE
3. Nature of Conveyance:	SUITE 812
x Assignment Merger	ATTIV DOCUEL I E
Security Agreement Change of Name	City: NEW ROCHELLE
Government Interest Assignment	State: NEW YORK
Executive Order 9424, Confirmatory License	Country: United States of America Zip: 10801  Additional name(s) & address(es) Yes X No
Other	Additional name(s) & address(es) Yes X No attached:
4. Application or patent number(s):	This document is being filed together with a new application.
A. Patent Application No.(s)	B. Patent No.(s)
29/222,239	ļ
Additional numbers attached?	Yes X No
5. Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:
Name: Kevin M. Kocun, Patent Agent	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP	7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00
Internal Address: Atty. Dkt.: WOLFF 3.1-019	Authorized to be charged by credit card
Street Address: 600 South Avenue West	X Authorized to be charged to deposit account
	Enclosed
	None required (government interest not affecting title
City: Westfield	8. Payment Information
City:	a. Credit Card Last 4 Numbers
Phone Number: (908) 518-6383	Expiration Date
Fax Number: (908) 654-7866	b. Deposit Account Number 12-1095  Kevin M. Kocun, Patent
Email Address: kkocun@ldlkm.com	Authorized User Name Agent Agent
9. Signature:	
2 m	May 31, 2005
Signature	Date
Kevin M. Kocun, Patent Agent - 54,230	Total number of pages including cover 2 sheet, attachments, and documents:
Name of Person Signing	***************************************

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PATENT REEL: 016291 FRAME: 0824

	former PTO/SB/15 (8-00) Modified ( D) K8M	
ASSIGNMENT OF DESIGN APPLICATION	Docket Number (Optional)	
	WOLFF 3.1-019	
Whereas, I, Stephen H. Wolff	of	
271 North Avenue; Suite 812; New Rochelle, New York 10801		
hereafter referred to as assignor, have invented certain new and useful improvements in		
MULTIPLE FUNCTION MEDICAL DEVICE		
x for which an application for a United States Design Pa	atent was filed on January 27, 2005	
Application Number 29/222,239		
for which an application for a United States Design Patent was executed by me on		
and ·		
Whereas, Wolff Medical Marketing and Design, LLC		
a corporation of New York herein referred to as "assignee" whose mailing address is		
271 North Avenue; Suite 812; New Rochelle, New Jersey 10801		
is desirous of acquiring the entire right, title and interest in the same;		
NOW, THEREFORE, in consideration of the sum of <u>one</u> acknowledged, and other good and valuable consideration,	dollars (\$ 1.00 ), the receipt whereof is	
assignee the entire right, title and interest for the United Sta	ates of America and all other countries in and to said	
invention and the aforesaid design patent application and al	l original, divisional, continuation, substitute or reissue l	
applications and patents applied for or granted therefor in the said invention, including without limitation all applications and	e United States of America and all other countries, for patents for said invention claiming priority or benefit of	
the aforesaid design application pursuant to any law or treaty	and including the right to claim such priority or benefit	
and the Commissioner of Patents and Trademarks is hereby improvements or resulting therefrom to said assignee herei	authorized and requested to issue all patents on said.  n. as assignee of the entire interest therein; and the	
undersigned for me and my legal representatives, heirs and	assigns do hereby agree and covenant without further	
remuneration, to execute and deliver all original, divisional, or Patent on said improvements and all assignments thereof to	continuation, reissue and other applications for Design	
assignee or its representatives all facts known to the un	ndersigned respecting said improvements, whenever	
requested, to testify in any interferences or other legal proceed become involved, to sign all lawful papers, make all rightful	ealings in which any of said applications or patents may beaths, and to do generally everything necessary to aid	
assignee, its successors, assigns and nominees to obtain pate expenses incident to said applications to be borne and paid by	ent protection for said improvements in all countries, the	
•		
And I do hereby authorize my attorneys to insert on this deed the filing date and application number of said application when known.		
	- 1 11 (hd)	
(Date)	3411.	
	(Signature)	
State of Now York ) SS:	<b>V</b>	
County of westeres )		
On this 22 ND day of WARLY 2005 be	fore me_RHDDA_DRYER_ personally came	
the above-named Stephen H. Wolff, to me personally known a who acknowledged to me that the same was executed by him	is the individual who executed the foregoing instrument,	
forth.	mer or his/her own free will for the purposes therein set	
XXI DAQASI		
(Notary Public)	P3V20 02 40180 VN PO 31A F3 (4 0.4.10 12 VICS)	
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