


US

PCT Applicant's Guide - Volume II - National Chapter - US

Annex US.VI, page 1

Form PTO-1595 (Rev. 06/04)
OMB No. 0651-0027 (exp. 6/30/2005)U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark OfficeRECORDATION FORM COVER SHEET
PATENTS ONLY

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): BRIAN LEVINE, M.D. Execution Date(s) <u>December 9, 2001</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>TRACTUS MEDICAL, INC.</u> Internal Address: _____ Street Address: <u>1525 State St.</u> City: <u>Santa Barbara</u> State: <u>California</u> Country: <u>USA</u> Zip: <u>93101</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <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 _____		4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) _____ B. Patent No.(s) <u>4,915,435</u> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Kenyon Mark Lee</u> Internal Address: _____ Street Address: <u>1700 S. El Camino Real</u> <u>Suite 505</u> City: <u>San Mateo</u> State: <u>California</u> Zip: <u>94402</u> Phone Number: <u>650-212-3400</u> Fax Number: <u>650-212-3414</u> Email Address: <u>kmlee@woodleelaw.com</u>		6. Total number of applications and patents involved: <u>one</u> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)	
9. Signature:  Kenyon Mark Lee Name of Person Signing		8. Payment Information a. Credit Card Last 4 Numbers <u>1006</u> Expiration Date <u>05/07</u> b. Deposit Account Number _____ Authorized User Name <u>Kenyon M. Lee</u> May 3, 2005 Date Total number of pages including cover sheet, attachments, and documents: <u>2</u>	

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

(10 December 2004)

700191974

PATENT
REEL: 016460 FRAME: 0114

OP \$40.00 4915435

Oct 24 04 04:33p

Razzo

805-685-7877

P-3

PTO/SB/41 (8-96)

Approved for use through 9/30/98. OMB 0651-0027

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

ASSIGNMENT OF PATENT

Docket Number (optional)

LEVIN-000

Whereas, I, Brian M. Levine of Coto de Caza, CA, hereinafter referred to as patentee, did obtain a United States Patent for an improvement in _____

MOBILE OPERATING ROOM WITH PRE- AND POST-OPERATIONAL AREAS

No. 4,915,435, dated 4-10-90; and whereas, I am now the sole owner of said patent, and,

Whereas, Tractus Medical, Inc.

of 8900 Wilshire Blvd., Beverly Hills, CA 90211

hereinafter referred to as "assignee" whose post office address is 8900 Wilshire Blvd.,

Beverly Hills, CA 90211

City of Beverly Hills, and State of California.

is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of ONE dollars (\$ 1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I, the patentee, by these presents do sell, assign and transfer unto said assignee the entire right, title and interest in and to the said Patent aforesaid; the same to be held and enjoyed by the said assignee for his own use and behoof, and for his legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 9th day of December, 19 2001

at _____

Brian M. Levine
(Signature)

State of CalifCounty of Orange

SS:

Before me personally appeared said Brian M. Levine 1st dayof April 10, 2002

SUSAN MARIE HUSTED
Commission # 1248478
Notary Public - California
Orange County

Seal

(Notary Public)

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

PATENT

RECORDED: 06/30/2005

REEL: 016460 FRAME: 0115