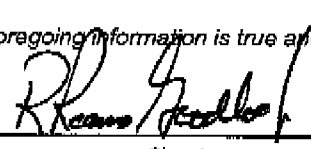
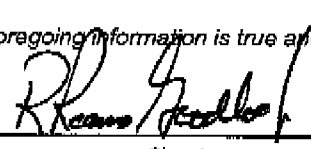
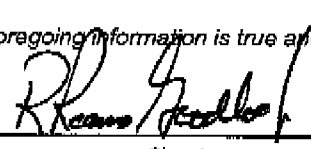


FORM PTO-1595 (Rev. 10/02) OMB No. 0851-0027 (exp. 8/30/05)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office				
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.								
1. Name of conveying parties: CHERYL L. ALLEN Additional name(s) & party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies): CHILDREN'S THERAPY CENTER OF KENT <i>A Non-profit Public Benefit Corporation organized under the laws of the State of Washington</i> Street Address: 10811-Kent Kangley Road City: KENT State: WA Zip: 98031 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"/> Other _____ Execution Date: _____ Assignment signed: 3/28/06			4. Application number(s) or patent number(s): U.S. PATENT NO. 6,086,551- 07/11/00 If this document is being filed together with a new application, the execution date of the application is: _____ <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> A. Patent Application No.(s) </td> <td style="width: 50%; vertical-align: top;"> B. Patent No.(s) 6,086,551 ISSUED JULY 11, 2000 </td> </tr> </table> Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			A. Patent Application No.(s)	B. Patent No.(s) 6,086,551 ISSUED JULY 11, 2000	
A. Patent Application No.(s)	B. Patent No.(s) 6,086,551 ISSUED JULY 11, 2000							
5. Name and address of party to whom correspondence concerning document should be mailed: Name: R. Reams Goodloe, Jr. Internal Address: _____ Street Address: 24722 - 104th Avenue, S.E. #102 City: KENT State: WA Zip: 98030-6322			6. Total number of applications and patents involved: <div style="text-align: center; font-size: 1.5em;">1</div>					
Matter No.: CT2-3353-U			7. Total fee (37 CFR 3.41)\$ 40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account					
8. Deposit account number: 07-1613 (Attach duplicate copy of this page if paying by deposit account)			DO NOT USE THIS SPACE					
9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <table style="width: 100%;"> <tr> <td style="width: 30%;"> R. Reams Goodloe, Jr. Reg. #32,466 Name of Person Signing </td> <td style="width: 30%; text-align: center;">  Signature </td> <td style="width: 40%; text-align: right;"> 03 / 29 / 2006 Date </td> </tr> </table> Total number of pages including cover sheet, attachments, and document: 7						R. Reams Goodloe, Jr. Reg. #32,466 Name of Person Signing	 Signature	03 / 29 / 2006 Date
R. Reams Goodloe, Jr. Reg. #32,466 Name of Person Signing	 Signature	03 / 29 / 2006 Date						

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) are being facsimile transmitted to the Assignments Branch of the Patent and Trademark Office, (Facsimile No.: 571-273-0740) on the **29** day of March, 2006. Name of Depositor: **"R. REAMS GOODLOE"** (signature)

700254288

 REEL: 017388 FRAME: 0661
 CH \$40.00 071613 6086551

ASSIGNMENT OF INVENTION
Attorney Docket No.: CT2-3353-U

For: ☒ U.S. and/or ☒ Foreign Rights
For: ☐ U.S. Application or
☐ U.S. Provisional Application
For: ☒ U.S. Patent
For: ☐ PCT Application
By: ☒ Inventor(s) or ☐ Present Owner

ASSIGNMENT OF INVENTION

In consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration,

ASSIGNOR:

Inventor(s) or person(s) or
entit(ies) who own the invention

CHERYL L. ALLEN
type or print name of ASSIGNOR

13505 Cedar Ct. East
Address

BONNEY LAKE, Washington 98391

U.S.
Nationality

(if assignment is by person or entity to whom invention was previously assigned and this was recorded in PTO, add the following):

Recorded on _____ Reel _____
Frame: _____

Hereby sells, assigns and transfers to

ASSIGNEE:

CHILDREN'S THERAPY CENTER OF KENT
A Non-profit Public Benefit
Corporation organized under the
laws of the State of Washington
type or print name of ASSIGNEE

10811 Kent Kangley Road
Address

KENT, Washington 98031

and the successors, assigns and legal representatives of
the ASSIGNEE

(complete one of the following)

☒ the entire right, title and interest
☐ an undivided _____ percent (____%) interest for the
United States and its territorial possessions

(check the following box, if foreign rights are also to be assigned)

ASSIGNMENT OF INVENTION
Attorney Docket No.: CT2-3353-U

☒ and in all foreign countries, including all rights to claim priority,
in and to any and all improvements which are disclosed in the invention entitled:

FLEXIBLE COMPRESSION AND STABILIZING ORTHOTICS

Name of Inventor(s) CHERYL L. ALLEN

(check and complete (a), (b), (c), (d), (e), (f) or (g))

and which is found in (37 C.F.R. § 3.21)

- (a) ☐ U.S. patent application executed on even date herewith;
- (b) ☐ U.S. patent application executed on _____.
- (c) ☐ U.S. Provisional application naming the above inventor(s) for the above-entitled invention.
☐ Express mail label no.: _____
mailed _____.
- ☐ To comply with 37 C.F.R. § 3.21 for recordal of this assignment, I, an ASSIGNOR signing below, hereby authorize and request my attorney to insert below the filing date and application number when they become known.
- (d) ☐ U.S. application No.: _____/_____
filed on _____.
- (e) ☐ International application no. PCT/US _____
- (f) ☒ U.S. Patent No.: **6,086,551 ISSUED JULY 11, 2000.**
- ☐ A change of address to which correspondence is to be sent regarding patent maintenance fees is being sent separately.

(also check (g), if foreign application(s) is also being assigned)

- (g) ☒ and any legal equivalent thereof in a foreign country, including the right to claim priority

and, in and to, all Letters Patent to be obtained for said invention by the above application or any continuation, division, renewal, or substitute thereof, and as to letters patent any reissue or re-examination thereof.

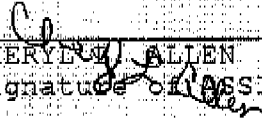
ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment.

ASSIGNMENT OF INVENTION
Attorney Docket No.: CT2-3353-U

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify to the same in any interference, litigation or proceeding related thereto and will promptly execute and deliver to ASSIGNEE or its legal representatives any and all papers, instruments, or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents thereof which may be necessary to desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I/We have hereunto set our hand(s) and seal(s) on the date shown below.

WARNING: The date of signing must be the same as the date of execution of the application, if item (a) was checked above.

Date: 3/28/00	 CHERYL ALLEN Signature of ASSIGNOR
------------------	--

NOTE: No witnessing, notarization or legalization is necessary. If the assignment is notarized or legalized, then it will only be prima facie evidence of execution. 35 U.S.C. § 261. Use next page if notarization is desired.

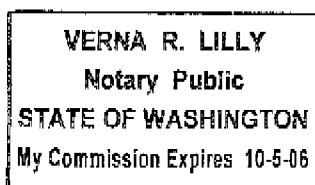
☒ Notarization or Legalization Page added.

STATE OF WASHINGTON)
) ss.
 COUNTY OF ~~KING~~ ^{Pierce})

Before me this 28th day of March, 2006, personally appeared CHERYL L. ALLEN proved to me on the basis of satisfactory evidence to be the person who is described in and who executed the above instrument, and acknowledged to me that she executed the same of her own free will for the purpose therein set forth.

Dated: March 28, 2006.

(Seal or Stamp)



Verna R. Lilly Notary Public
 Notary Signature

Verna R. Lilly
 Print Name

Notary Public in and for the State of Washington,
 residing at Pierce County, WA
 My appointment expires Oct 5 2006.

ACKNOWLEDGED AND ACCEPTED:

CHILDREN'S THERAPY CENTER OF KENT
 (A Non-profit Public Benefit Corporation organized
 under the laws of the State of Washington)

By: JON BOTTEN
 Its: Executive Director,
 Date: March 22, 2006

STATE OF WASHINGTON)
) ss.
 COUNTY OF KING)

I certify that I know or have satisfactory evidence that JON BOTTEN is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath stated that he was authorized to execute the instrument and acknowledged it as the Executive Director of CHILDREN'S THERAPY CENTER OF KENT, to be the free and voluntary act of such party, for the uses and purposes mentioned in the instrument.

Dated: March 22, 2006.

(Seal or Stamp)



Rhonda Goodloe
 Notary Signature

Rhonda Goodloe
 Print Name

Notary Public in and for the State of Washington,
 residing at Kent, WA
 My appointment expires 1/17/07.