Street Address:		3-01-2006 _{ET}
1. Name of conveying party(ies): Brad Parker 103187236 2. Name and address of receiving party(ies): Name:		
Security AgreementChange of Name Change of Name Other:	To the Commissioner for Patents: Please re	03187236 thereof.
Security AgreementChange of Name	1. Name of conveying party(ies):	2. Name and address of receiving party(ies): Name: Symmetry Medical, Inc.
Security AgreementChange of Name Change of Name Other:	Additional name(s) of conveying party(ies) attached?	
Security AgreementChange of Name Change of Name Other:	3. Nature of conveyance:	Street Address:
Other: City_WarsawState: IN Execution Date; February 13, 2006 Zip:46580 4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: . A. Patent Application No. (s): B. Patent No.(s): 11/316,176 B. Patent No.(s): 5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 7. Total fee (37 CFR 3.41): \$40.00 X Enclosed X Authorized to be charged to deposit account if any deficiencies. 8. Deposit account number: 20-0095 City_Avilla	X Assignment Merger	220 West Market Street
Execution Date: February 13, 2006 Zip:46580	Security Agreement Change of Name	
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: . A. Patent Application No. (s): 11/316,176 Additional numbers attached?Yes X No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Todd T. Taylor, Esq.	Other:	City: <u>Warsaw</u> <u>State: IN</u>
If this document is being filed together with a new application, the execution date of the application is: . A. Patent Application No. (s): 11/316,176 Additional numbers attached?Yes X No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Todd T. Taylor, Esq.	Execution Date: February 13, 2006	Zip: <u>46580</u>
A. Patent Application No. (s): 11/316,176 Additional numbers attached?Yes X No S. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: _1 Name: Todd T. Taylor, Esq. 7. Total fee (37 CFR 3.41): Yere X Aust, P.C. X Enclosed Customer Number:000041863 X Authorized to be charged to deposit account if any deficiencies. Street Address: 8. Deposit account number: P.O. Box 560 20-0095 City: Avilla	4. Application number(s) or patent number(s):	
11/316,176 Additional numbers attached?Yes X_No 5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 Name: Todd T. Taylor, Esq. 6. Total number of applications and patents involved: 1 Name: Todd T. Taylor, Esq. 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Todd T. Taylor, Esq. 6. Total number of applications and patents involved: 1 Taylor & Aust. P.C. 7. Total fee (37 CFR 3.41): Street Address: 540.00 X Enclosed X Authorized to be charged to deposit account if any deficiencies. P.O. Box 560 20-0095 City: Avilla State: IN Zip: 46710 9. Statement and signature. 9. Statement and signature.	If this document is being filed together with a new appli	ication, the execution date of the application is: .
5. Name and address of party to whom correspondence concerning document should be mailed: 6. Total number of applications and patents involved: 1 Name: Todd T. Taylor, Esq. 7. Total fee (37 CFR 3.41): Name: Todd T. Taylor, Esq. \$40.00 Taylor & Aust, P.C. X Enclosed Customer Number: 000041863 Street Address: X Authorized to be charged to deposit account if any deficiencies. P.O. Box 560 20-0095 City: Avilla State: IN Zip: 46710 9. Statement and signature. 9. Statement and signature.		B. Patent No.(s):
concerning document should be mailed: 7. Total fee (37 CFR 3.41): Name: Todd T. Taylor, Esq. 540.00	Additional nun	nbers attached?Yes XNo
Name: Todd T. Taylor, Esq. 7. Total fee (37 CFR 3.41):		6. Total number of applications and patents involved: $\underline{1}$
	-	7. Total fee (37 CFR 3.41):
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P.O. Box 560		<u>X</u> Authorized to be charged to deposit account if any deficiencies.
City: Avilla State: IN Zip: 46710 9. Statement and signature.	142 South Main Street	8. Deposit account number:
Zip: _46710 9. Statement and signature.	P.O. Box 560	20-0095
9. Statement and signature.	Cit <u>y: Avilla</u> Stat <u>e: IN</u>	
	Zip: _46710	
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To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true cop the original document.		ng information is true and correct and any attached copy is a true copy o
Todd T. Taylor, Reg. No. 36,945TodalFebruary 22, 2006Name of Person SigningSignatureDate	Name of Person Signing	

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PATENT REEL: 017604 FRAME: 0391

<u>ASSIGNMENT</u>

WHEREAS, I, Brad Parker, residing at 23 EMS Lane C-14, Warsaw, Indiana 46582, have invented certain improvements in:

RADIALLY EXPANDING SURGICAL RETRACTOR

described and claimed in U.S. Patent Application Serial No. 11/316,176, filed December 22, 2005;

WHEREAS, Symmetry Medical, Inc., a corporation organized and existing under the laws of the State of Indiana, having a place of business at 220 West Market Street, Warsaw, Indiana 46580, is to acquire the entire right, title and interest in and to said invention and said application for Letters Patent;

NOW, THEREFORE, in consideration of the sum of ONE DOLLAR (\$1.00) to me in hand paid, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged, I do hereby assign, sell, transfer and set over unto said Symmetry Medical, Inc., its successors and assigns, the full, entire and exclusive right, title and interest, for the territory of the United States of America and for all foreign countries, in and to said invention, as described in the application identified above, and in and to said application and any divisions or continuations or continuations-in-part thereof or substitutes therefor which may be filed, and in and to any patents or reissues, renewals or extensions thereof which may be granted on said application or for said invention, and in and to any patent application which may be filed on and invention in countries foreign to the United States of America and any patents granted reason: said invention, applications, and Letters Patent to be held and enjoyed by said Symmetry Medical, Inc., and its successors or assigns, to the full end of the term or terms for which said Letters Patent may be granted, as fully and entirely as the same would have been held by me had this assignment not been made.

I hereby authorize and request the Patent and Trademark Office officials in the United States of America and the Patent Office officials of any and all foreign countries to issue any and all of said Letters Patent, when granted to said Symmetry Medical, Inc., as the assignee of my entire right, title and interest in and to the same, for the sole use and enjoyment of said Symmetry Medical, Inc., its successors and assigns.

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PATENT REEL: 017604 FRAME: 0392

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Further, I agree to execute all papers and to give such lawful testimony and to perform such other lawful acts as said Symmetry Medical, Inc., its successors and assigns may require to enable it or them to procure Letters Patent on said invention or reissues or extensions thereof in the United States of America and/or in any foreign country, and/or to hold, enforce or convey said Letters Patent, reissues or extensions.

Executed this ¹³ day of FEBWAR , 2006.

STATE OF Indiana) ss: COUNTY OF <u>Hoscusko</u>)

Before me, the undersigned, a Notary Public in and for said County and State, this day personally appeared Brad Parker, to me well known, who acknowledged the execution of the foregoing instrument as his free act and deed.

non Sharet

Jotary Public

10/14/07

My Commission Expires: County of Residence: KOSCULS ICO

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