

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	ASSIGNMENT	
CONVEYING PARTY DATA		
Name		Execution Date
Peter F. Meyer		12/13/2006
Warren Copp-Howland		12/13/2006
RECEIVING PARTY DATA		
Name:	Tyco Healthcare Group LP	
Street Address:	15 Hampshire Street	
City:	Mansfield	
State/Country:	MASSACHUSETTS	
Postal Code:	02048	
PROPERTY NUMBERS Total: 1		
Property Type	Number	
Application Number:	11528912	
CORRESPONDENCE DATA		
Fax Number:	(508)261-6225	
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	508-261-8513	
Email:	iplegal@tycohealthcare.com	
Correspondent Name:	Elizabeth A. O'Brien	
Address Line 1:	15 Hampshire Street	
Address Line 4:	Mansfield, MASSACHUSETTS 02048	
ATTORNEY DOCKET NUMBER:	H-KN-00517 US	
NAME OF SUBMITTER:	Elizabeth A. O'Brien	
<p>Total Attachments: 4</p> <p>source=H-KN-00517 US EXECUTED ASSNMT#page1.tif</p> <p>source=H-KN-00517 US EXECUTED ASSNMT#page2.tif</p> <p>source=H-KN-00517 US EXECUTED ASSNMT#page3.tif</p>		

CH \$40.00 11528912

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PATENT
REEL: 018681 FRAME: 0851

PATENT

For: ☒ U.S. and/or ☒ Foreign Rights
 For: ☒ U.S. Application or ☐ U.S. Patent
 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(S), Peter F. Meyer residing at 4 Ivy Path, Shrewsbury, Massachusetts, 01545 and Warren Copp-Howland residing at 91 Gilbert Avenue, Chicopee, Massachusetts, 01013 hereby sells, assigns and transfers to

ASSIGNEE:

TycoHealthcare Group LP
 (Type or print name of ASSIGNEE)

15 Hampshire Street
 Address

Mansfield, MA 02048

USA
 Nationality

and the successors, assigns and legal representatives of the ASSIGNEE

☒ the entire right, title and interest

☐ an undivided _____ percent (_____%) interest for the United States and its territorial possessions

☒ 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:

MEDICAL APPARATUS WITH RELEASABLE APPLICATOR
 (title of invention)

and which is found in

- (a) ☐ U.S. patent application executed on even date herewith.
- (b) ☐ U.S. patent application executed on _____.
- (c) ☒ U.S. application Serial No. 11/528,912 filed on September 28, 2006.
- (d) ☐ U.S. provisional application No. 60/ _____
 filed on _____.
- (e) ☐ U.S. Patent No. _____ issued _____.
- (f) ☐ PCT application No. PCT/US _____
 filed on _____.
- ☐ A change of address to which correspondence is to be sent regarding
 patent maintenance fees is being sent separately.
- (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, continuation-in-part, divisional, 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;

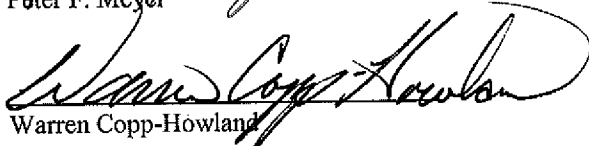
ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference, litigation 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 or desirable to carry out the purposes thereof.

IN WITNESS WHEREOF, I/We have hereunto set hand and seal this _____ (Date of signing).

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


Peter F. Meyer

12/13/06
Dated


Warren Copp-Howland

12/13/06
Dated

Dated

Dated

If ASSIGNOR is a legal entity complete the following information

Type or print the name of the above person
authorized to sign on behalf of ASSIGNOR

Title

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 USC 261. Use next page if notarization is desired.

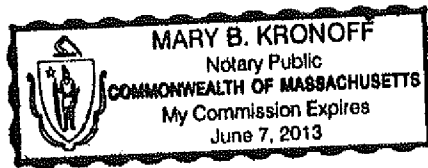
☐ [X] Notarization or Legalization Page Added.

Commonwealth of Massachusetts)
) ss
County of Hampden)

On this 13th day of December 2006, before me, the undersigned notary public, personally appeared **Peter F. Meyer** proved to me through satisfactory evidence of identification, which were personal knowledge, to be the person whose name is signed on the preceding or attached document in my presence.

Mary B. Kronoff
Notary Public

AFFIX SEAL



Commonwealth of Massachusetts)
) ss
County of Hampden)

On this 13th day of December 2006, before me, the undersigned notary public, personally appeared **Warren Copp-Howland** proved to me through satisfactory evidence of identification, which were personal knowledge, to be the person whose name is signed on the preceding or attached document in my presence.

Mary Kronoff
Notary Public

AFFIX SEAL

