

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Mr. Robert A. Van Wyk	07/25/2007
RECEIVING PARTY DATA	
Name:	Electromedical Associates LLC
Street Address:	6006 Massachusetts Avenue
City:	Bethesda
State/Country:	MARYLAND
Postal Code:	20816
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11133904
CORRESPONDENCE DATA	
Fax Number:	(703)549-7692
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	703-549-7691
Email:	chalin@smithpatent.com
Correspondent Name:	Chalin A. Smith
Address Line 1:	3309 Duke Street
Address Line 2:	Smith Patent Consulting LLC
Address Line 4:	Alexandria, VIRGINIA 22314
ATTORNEY DOCKET NUMBER:	ESA-002US
NAME OF SUBMITTER:	Chalin A. Smith
Total Attachments: 2 source=ESA_002US_Executed_Van_Wyk_Assignment#page1.tif source=ESA_002US_Assignment_Recordation_Cover_Sheet#page1.tif	

OP \$40.00 11133904

ASSIGNMENT OF U.S. PATENT APPLICATION

Whereas I,

Robert A. VAN WYK of St. Pete Beach, Florida;

hereinafter referred to as "Applicant", have invented certain new and useful improvements in **ELECTROSURGICAL DEVICE** for which an application for a United States Patent was filed on **May 21, 2005** and assigned Application No. **11/133,904**.

and

Whereas,

ELECTROMEDICAL ASSOCIATES, LLC


Of

6006 Massachusetts Avenue
Bethesda, Maryland
USA 20816

herein referred to as "Assignee", is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of \$ _____ U.S. dollars, the receipt whereof is acknowledged, and other good and valuable consideration, Applicant by this presents does sell, assign and transfer unto said Assignee the full and exclusive rights to said invention in the United States and the entire right, title, and interest in and to any and all Patents which may be granted therefore in the United States, I hereby authorize and request the Commissioner of Patents and Trademarks to issued said United States Patent to said Assignee, of the entire right, title and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 25TH day of JULY, ²⁰⁰⁷~~2006~~, at _____
(location).


Robert VAN WYK

RECORDATION 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)

Robert A. Van Wyk

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Electromedical Associates, LLC

Internal Address: _____

Street Address: 6006 Massachusetts Avenue

City: Bethesda

State: MD

Country: USA

Zip: 20816

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) 07-25-07

- Assignment Merger
- Security Agreement Change of Name
- Joint Research Agreement
- Government Interest Assignment
- Executive Order 9424, Confirmatory License
- Other _____

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

11/133,904

B. Patent No.(s)

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Chalin A. Smith

Internal Address: Smith Patent Consulting, LLC

Street Address: 3309 Duke Street

City: Alexandria

State: VA

Zip: 22314

Phone Number: 703-549-7691

Fax Number: 703-549-7692

Email Address: chalin@smithpatent.com

6. Total number of applications and patents involved: 1**7. Total fee (37 CFR 1.21(h) & 3.41)** \$ 40.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed
- None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

/chalin a. smith/

Signature

July 25, 2007

Date

Chalin A. Smith

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450