

# PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Fredrik Axelsson	10/11/2007
Ronny Bengtsson	10/10/2007
Lars Wilander	10/08/2007
RECEIVING PARTY DATA	
Name:	Biomet Cementing Technologies AB
Street Address:	Forskaregatan 1, S-275 37
City:	Sjoberg
State/Country:	SWEDEN
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11890939
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ATTORNEY DOCKET NUMBER:	HW-8732
NAME OF SUBMITTER:	James L. Tarolli
Total Attachments: 2 source=HW8732Assisgnment#page1.tif source=HW8732Assisgnment#page2.tif	

OP \$40.00 11890939

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**PATENT**  
**REEL: 019992 FRAME: 0913**

# ASSIGNMENT

WHEREAS, I (we), Fredrik AXELSSON, Ronny BENGTSSON and Lars WILANDER

Assignor Name(s)

whose post office address(es) appear(s) below, hereinafter referred to as ASSIGNOR, have invented certain new and useful improvements in "Device at bone cement mixer"

Title of Invention

(hereinafter referred to as "The Invention") for which an application for United States Letters Patent was

- ☐ executed on even date herewith;  
☐ executed on \_\_\_\_\_;  
☒ filed on August 8, 2007, Serial No. 11/890,939;  
☐ filed as PCT International Application No. \_\_\_\_\_ on \_\_\_\_\_, designating  
 The United States of America;

WHEREAS, Biomet Cementing Technologies AB

Assignee Name(s)

whose post office address is Forskaregatan 1, S-275 37 SJÖBO, SWEDEN

hereinafter referred to as ASSIGNEE, is desirous of acquiring the entire right, title and interest in and to the same in the United States;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, I (we), ASSIGNOR, by these presents do sell, assign and transfer unto said ASSIGNEE, the entire right, title, and interest in and to said invention and application throughout the United States of America, including any and all Letters Patent granted on any division, continuation, continuation-in-part and reissue of said application.

ALSO, ASSIGNOR hereby agrees to execute any documents that legally may be required in connection with the filing, prosecution and maintenance of said application or any other patent application(s) in the United States for said invention, including additional documents that may be required to affirm the rights of ASSIGNEE in and to said invention, all without further consideration. ASSIGNOR also agrees, without further consideration and at ASSIGNEE'S expense, to identify and communicate to ASSIGNEE at ASSIGNEE'S request documents and information concerning the invention that are within ASSIGNOR'S possession or control, and to provide further assurances and testimony on behalf of ASSIGNEE that lawfully may be required of ASSIGNOR in respect of the prosecution, maintenance and defense of any patent application or patent encompassed within the terms of this instrument. ASSIGNOR'S obligations under this instrument shall extend to ASSIGNOR'S heirs, executors, administrators and other legal representatives.

ALSO, ASSIGNOR hereby authorizes and requests the Commissioner of Patents and Trademarks to issue any and all Letters Patent referred to above to ASSIGNEE, as the ASSIGNEE of the entire right, title and interest in and to the same, for ASSIGNEE'S sole use and behoof; and for the use and behoof of ASSIGNEE'S legal representatives and successors, to the full end of the term for which such Letters Patent may be granted, as fully and entirely as the same would have been held by ASSIGNOR had this assignment and sale not been made.

Mr. Fredrik AXELSSON

Assignor Name

Östra Stationsgatan 16

Street Address

S-212 36 Malmö

City

Sweden

State (Zip) or Country

WITNESS: (Optional)

Print/Type Name

Signature

2007-10-11

Date

Lund

Where Signed

[Signature]

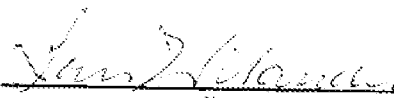
Signature

WITNESS: (Optional)

Print/Type Name

Signature

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Page 2Mr. Ronny BENGTSSON*Assignor Name*Nöbbelevs byväg 49*Street Address*S-291 91 Kristianstad*City*Sweden*State (Zip) or Country*WITNESS: (Optional)*Print/Type Name**Signature*Mr. Lars WILANDER*Assignor Name*Körsbärsliden 3*Street Address*S-286 36 Örskelljunga*City*Sweden*State (Zip) or Country*WITNESS: (Optional)*Print/Type Name**Signature**Assignor Name**Street Address**City**State (Zip) or Country*WITNESS: (Optional)*Print/Type Name**Signature*2007-10-10*Date*Herby*Where Signed**Signature*WITNESS: (Optional)*Print/Type Name**Signature*2007-10-08*Date*Örskelljunga*Where Signed**Signature*WITNESS: (Optional)*Print/Type Name**Signature**Date**Where Signed**Signature*WITNESS: (Optional)*Print/Type Name**Signature*☐ Continued on Next Page