OFFICE OF LLUC RECORDS

· · · · · · · · · · · · · · · · · · ·	E LALIG KEUUKUS		
	™ 20 M <b>3 5</b>		
Form PTO-1595 (Rev. 07/05) OMB No. 0651-0027 (exp. 6/30/2008)	U.S. DEPARTMENT OF COMMERCE <u>Inited States Patent and Trademark Off</u>		
R			
	103493714 nents or the new address(es) below.		
1. Name of conveying party(ies)	2. Name and address of receiving party(ies)		
Tomoaki Koseki	Name: Koseki Medical K.K.		
	Internal Address:		
· · · · · · · · · · · · · · · · · · ·			
Additional name(s) of conveying party(ies) attached? Yes 3. Nature of conveyance/Execution Date(s):			
Execution Date(s) May 21, 2007	Street Address: <u>17-2, Sotokanda 2-chome</u>		
Assignment Merger			
Security Agreement Change of Na	City:Chiyoda-ku		
Joint Research Agreement			
Government Interest Assignment	State: <u>Tokyo</u>		
Executive Order 9424, Confirmatory License	Country: JAPAN Zip: 101-0021		
Other	Additional name(s) & address(es) attached? 🗌 Yes 🗹 No		
29/286,842 Additional num	bers attached? Yes VNo		
5. Name and address to whom correspondenc concerning document should be mailed:			
Name: Tomoaki Koseki Koseki Medical K.K.	<b>7. Total fee</b> (37 CFR 1.21(h) & 3.41) \$ 40		
Internal Address:	$ \qquad \boxed{\checkmark} \text{ Authorized to be charged by credit card}$		
	Authorized to be charged by clean card		
Street Address:			
	None required (government interest not affecting title		
City: Chiyoda-ku	8. Payment Information		
	a. Credit Card Last 4 Numbers 4321		
	Expiration Date JUNE 2009		
Phone Number: 03-3526-4151	b. Deposit Account Number		
Fax Number: 03-3526-4150	Authorized User Name		
Email Address: <u>tk8815@mb.infoweb.ne.jp</u>			
9. Signature: T. Kos	Selci March 28, 2008		
Signature	e Date		
Tomoaki Koseki	Total number of pages including cover sheet, attachments, and documents:		
Name of Person Signing			

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

# Do Not Record

Insufficient funds in deposit account.

\_\_\_\_Name listed below is not an Authorized User on the deposit account.

 $\underline{\checkmark}^{\cdot}$ Credit Card Invalid.

Declined.

Date: 3-31-08

Finance Employee: Loan Mueller

### PATENT REEL: 020747 FRAME: 0859

#### Assignment of Invention and Patent Application

For value received, Tomoaki Koseki, of 17-2, Sotokanda 2-chome, Chiyoda-ku, Tokyo 101-0021 JAPAN(hereinafter ASSIGNOR), hereby sells, assigns, transfers, and sets over unto Koseki Medical K.K. of 17-2, Sotokanda 2-chome, Chiyoda-ku, Tokyo 101-0021 JAPAN and his successors or assigns(hereinafter ASSIGNEE) 100% of the following: (A) ASSIGNOR'S right, title, and interest in and to the invention entitled "NEEDLE COUNTER" invented by ASSIGNOR; (B) the application for United States patent therefor, signed by ASSIGNOR on May 21<sup>th</sup>, 2007, U. S. Patent and Trademark Office Serial Number **29/286,842**, filed May 21<sup>th</sup>, 2007; (C) any patent or reissues of any patent that may be granted thereon; and (D) any applications which are continuations, continuations-in-part, substitutes, or divisions of said application. ASSIGNOR authorizes ASSIGNOR also authorizes and requests the Commissioner for Patents to issue any resulting patent as follows: 100% to ASSIGNEE.

ASSIGNOR hereby further sells, assigns, transfers, and sets over unto ASSIGNEE, the above percentage of ASSIGNOR'S entire right, title, and interest in and to said invention in each and every country foreign to the United States; and ASSIGNOR further conveys to ASSIGNEE the above percentage of all priority rights resulting from the above identified application for United States patent. ASSIGNOR agrees to execute all papers, give any required testimony, and perform other lawful acts, at ASSIGNEE'S expense, as ASSIGNEE may require to enable ASSIGNEE to perfect ASSIGNEE'S interest in any resulting patent of the United States and countries foreign thereto, and to acquire, hold, enforce, convey, and uphold the validity of said patent and reissues and extensions thereof, and ASSIGNEE'S interest therein.

In testimony whereof ASSIGNOR has hereunto set its hand and seal on the date below.

T. Koseli Signature

Date May 21. 2007

Tomoaki Koseki

Witnessed by:

Signature M. Shirai

Date May 21, 2007

Momoko Shirai

PATENT REEL: 020747 FRAME: 0860 **Assignment Recordation Services** Director of the USPTO P. O. Box 1450 Alexandria, VA 22313-1450

Applicant: Tomoaki Koseki Appl. No: 29/286,842 Filed: May 21, 2007 **Title: NEEDLE COUNTER** Art Unit: 2914 Examiner: CAVANNA, MARK

Date : March 28, 2008

Attachment:

- (1) Recordation Form Cover Sheet (PTO-1595)
- (2) Credit Card Payment Form (PTO-2038)
- (3) Assignment of Invention and Patent Application

Tomoaki Koseki Koseki Medical K.K. 17-2, Sotokanda 2-chome, Chiyoda-ku, Tokyo 101-0021 JAPAN Phone: 81-3-3526-4151 Fax : 81-3-3526-4150

.

E-mail: tk8815@mb.infoweb.ne.jp

Signature

T. Koseli

Tomoaki Koseki

PATENT REEL: 020747 FRAME: 0861 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **Credit Card Payment Form**

## (Do not submit this form electronically via EFS-Web) Please Read Instructions before Completing this Form

Credit Card Information							
Credit Card Type:	🗌 Visa	MasterCar	rd [ 🖂	American Expres	s Discover		
Credit Card Account #:	4980 75(	03 1708 4321					
Credit Card Expiration Dat	te: JUNE 2	2009					
Name as it Appears on Cr	edit Card:	TOMOAKI KOSEK	.1				
Payment Amount: \$ (US E	Dollars): 40	)					
Cardholder Signature:	小官祝 Date: March 28, 2008						
<b>Refund Policy:</b> The USPTO ma fee will not entitle a party to a ref requested and will not notify the credit card account to which the <b>Service Charge:</b> There is a \$50 back by a financial institution (37	und of such fee. payor of such ar fee was charged ).00 service char CFR 1.21 (m))	The USPTO will not r nounts (37 CFR 1.26). J. rge for processing eacl	refund amo Refund o h payment	ounts of \$25.00 or less un of a fee paid by credit card t refused (including a cheo	less a refund is specifically d will be issued as a credit to t	the	
Street Address 1: 17-2,							
Street Address 2:					2010 		
<b>City</b> : Chiyoda-ku							
State/Province: Tokyo				Zip/Postal Code: 101-0021			
Country: JAPAN							
Daytime Phone #: 81-3-3526-4151				Fax#: 81-3-3526-4150			
		est and Payr	nent l	nformation			
Description of Request an Recording each pate	•		ont or	other namer ne	ar property		
Patent Fee		Maintenance Fee	1	ademark Fee		-	
			╢═──	· · · · · · · · · · · · · · · · · · ·			
Application No.	Application No		Application No.		IDON Customer No.		
Patent No.	Patent No.		Registr	ation No.			
Attorney Docket No.			Identify	or Describe Mark			

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form or submits this form electronically via EFS-Web, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.

.

٠

DOCIMEN