

Form PTO-1595
(Rev. 6-93)

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No. 0651-0011(exp. 4/94)

PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Amanda Martin
Lee A. Strnad
David B. KayAdditional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: ORTHOHELIX SURGICAL DESIGNS, INC.
1815 W. Market Street, Suite 205
Akron, OH 44313Additional name(s) & address(es) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☐ Other: _____

Execution Date 03/02/07, 03/02/07 and 03/02/07

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):

29/310,187

B. Patent No.(s):

Additional numbers attached? ☐ Yes ☒ No

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

Name: Hudak Shunk & Farine Co. LPA

Internal Address: Laura F. Shunk

Street Address: 2020 Front Street, Suite 307

City: Cuyahoga Falls State: OH ZIP: 44221

6. Total number of applications and patents involved: 17. Total fee (37 CFR 3.41) \$ 40.00☐ Enclosed☒ Authorized to be charged to deposit account.

8. Deposit account number:

08-3150

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Laura F. Shunk

Name of Person Signing



Signature

Sept 18, 2008

Date

Total number of pages including cover sheet, attachments, and documents: 4 Atty Docket: ORTHO-WW-DIV-1Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

CH \$40.00 083150 29310187

ASSIGNMENT

IN CONSIDERATION of the sum of One Dollar (\$1.00), and of other good and valuable consideration paid to the undersigned by the Assignee,

OrthoHelix Surgical Designs, Inc, a Corporation organized under the laws of the State of Delaware, domiciled at

Suite 205
1815 W. Market Street
Akron, OH 44313

U.S.A., receipt whereof is hereby acknowledge, the undersigned by these presents hereby sells, assigns, transfers, and sets over unto said assignee the entire right, title and interest in and to the invention or improvement in

DESIGN FOR AN ORTHOPEDIC PLATE

said invention being fully described and/or claimed in the application for Letters Patent of the United States of America, executed this date(s), as well as any divisional, continuing, reissue, reexamination, or other patent applications, in and for the United States and all foreign countries, the same to be held and enjoyed by said assignee, its successors, assigns or other legal representatives, to the full ends of the terms for which all Letters Patent therefore may be granted, as fully and entirely as the same would have been held and enjoyed by the undersigned if this Assignment and sale had not been made.

AND SAID ASSIGNEE IS HEREBY AUTHORIZED to make application for and to receive Letters Patent for said invention in any of said countries at its election.

AND BY THIS COVENANT the undersigned will execute or procure any further necessary assurance of title to said invention and Letters Patent; and at any time, upon the request of said assignee, will execute and deliver any and all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patent, which may be granted therefore to said Assignee, its successors, assigns or other legal representatives and, upon the request of said Assignee, will execute any divisional, continuing, reissue, reexamination, or other applications for patents for said invention, in any country, and will make all rightful oaths and do all lawful acts requisite for aiding, procuring, or maintaining the same or for aiding therein.

AND THE COMMISSIONER of Patents is hereby authorized and requested to issue any and all Letters Patent to the United States for said invention, to said Assignee.

SIGNED and sealed as indicated adjacent my (our) signature(s).

Date: 3-2-07

Amanda Martin
AMANDA MARTIN

STATE OF OHIO) ss:
COUNTY SUMMIT)

BEFORE ME, a Notary Public in and for said County and State, personally appeared, **AMANDA MARTIN** who signed the foregoing ASSIGNMENT in my presence and who acknowledged the same to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 2nd
day of March, 2007.

Raura F. Shunk
Notary Public
my commission has no expiration

Date: 3/2/07

Lee A. Strnad
LEE A. STRNAD

STATE OF OHIO) ss:
COUNTY OF SUMMIT)

BEFORE ME, a Notary Public in and for said County and State, personally appeared, **LEE A. STRNAD** who signed the foregoing ASSIGNMENT in my presence and who acknowledged the same to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 2nd
day of March, 2007.

Raura F. Shunk
Notary Public
my commission has no expiration

(SEAL)

Date: 3/2/07

DAVID B. KAYSTATE OF OHIO) ss:
COUNTY OF SUMMIT)

BEFORE ME, a Notary Public in and for said County and State, personally appeared, **DAVID B. KAY** who signed the foregoing ASSIGNMENT in my presence and who acknowledged the same to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 2007.

Notary Public

(SEAL)

Date: _____

G. MARTIN WYNKOOPSTATE OF OHIO) ss:
COUNTY OF _____)

BEFORE ME, a Notary Public in and for said County and State, personally appeared **G. MARTIN WYNKOOP**, who signed the foregoing ASSIGNMENT in my presence and who acknowledged the same to be his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this _____ day of _____, 2007.

Notary Public

(SEAL)

ATTORNEY DOCKET NO.: (ORTHO-WW)

U.S. PATENT & TRADEMARK OFFICE**INSTRUCTIONS:**

FAX to: 571-273-0140 – Assignment Recordation Services
Mail to: MS Assignment Recordation Services
Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

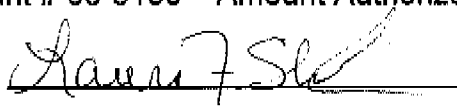
CUSTOMER INFORMATION:

Company Name and Address: HUDAK, SHUNK & FARINE CO. L.P.A.
2020 Front Street, Suite 307
Cuyahoga Falls, OH 44221
Tel.: 330-535-2220
Fax: 330-535-1435

Contact Person: Laura F. Shunk

MODE OF PAYMENT:

☒ PTO Deposit Account # 08-3150 Amount Authorized: **\$40.00**

Authorized Signature: 

Date: September 18, 2008

☐ Fee by check \$ _____

Attorney Docket No.: ORTHO-WW-DIV-1

The following papers listed below are submitted: (Total 5 pgs. incl. this sheet)

Fax Cover Sheet (1 page)
Recordation Form Cover Sheet (1 page)
Assignment (3 pages)

Should you have any questions, please contact us. Thank you for your assistance.