

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Medical Closure Devices	01/13/2009
RECEIVING PARTY DATA	
Name:	Timer Cap Company, LLC
Street Address:	P.O. Box 8784
City:	Calabasas
State/Country:	CALIFORNIA
Postal Code:	91372
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6707763
CORRESPONDENCE DATA	
Fax Number:	(818)475-5466
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	8004287537
Email:	RMBurke@TimerCapCo.com
Correspondent Name:	Richard Million Burke Jr.
Address Line 1:	P.O. Box 8784
Address Line 4:	Calabasas, CALIFORNIA 91372
NAME OF SUBMITTER:	Richard M. Burke, Jr.
Total Attachments: 1 source=Patent Assignment#page1.tif	

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PATENT
REEL: 022092 FRAME: 0735

ASSIGNMENT OF PATENT

Whereas, Medical Closure Devices, Inc., hereinafter referred to as "MCD", did obtain a patent (No. US 6,707,763 B2 issued March 16, 2004) described as a "Closure cap including timer and cooperating switch member and associated methods," (the "Patent") via assignment from Didimunder Corporation on or about August 7, 2008. Didimunder Corporation had obtained rights to the patent by assignment from the inventors on April 24, 2002. MCD is now the sole owner of said patent, and,

Whereas, Timer Cap Company, LLC, hereinafter referred to as "assignee" whose post office address is P.O. Box 8784, Calabasas, California 91372-8784 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, MCD, by these presents does sell, assign and transfer unto said assignee the entire right, title and interest in and to the Patent; the same to be held and enjoyed by the said assignee for its own use and behoof, and for its legal representatives and assigns, to the full end of the term for which said Patent is granted, as fully and entirely as the same would have been held by MCD had this assignment and sale not been made.

Executed this 13TH day of JANUARY, 2009, at STUART
FLORIDA

MEDICAL CLOSURE DEVICES, INC.

By: [Signature]

George Loveland, _____

STATE OF FL)
COUNTY OF Martin) ss.

By: [Signature]

James Alan Osberg, _____



On 1/13/09, before me, George Loveland and James Alan Osberg, the undersigned Notary Public, personally appeared George Loveland & James Alan Osberg who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

I declare under PENALTY OF PERJURY under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Signature]
Notary Public