

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Clacon Health Solutions, Inc.	07/28/2009
RECEIVING PARTY DATA	
Name:	Ascentia Health, Inc.
Street Address:	5330 Parliament Place
City:	Rockford
State/Country:	ILLINOIS
Postal Code:	61107
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	5769891
CORRESPONDENCE DATA	
Fax Number:	(312)616-5700
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	312-616-5600
Email:	assignments@leydig.com
Correspondent Name:	James M. Robertson
Address Line 1:	Two Pru Plaza, Ste. 4900, 180 N. Stetson
Address Line 4:	Chicago, ILLINOIS 60601-6731
ATTORNEY DOCKET NUMBER:	164615
NAME OF SUBMITTER:	James M. Robertson
Total Attachments: 2 source=20090903104557#page1.tif source=20090903104557#page2.tif	

CH \$40.00 5769891

500953656

PATENT
REEL: 023180 FRAME: 0430

Leydig, Voit & Mayer, Ltd.
Two Prudential Plaza, Suite 4900
180 North Stetson Avenue
Chicago, Illinois 60601-6731

ASSIGNMENT

WHEREAS, Clacon Health Solutions, Inc. (hereinafter referred to as Assignor), owns a certain invention entitled:

PROSTHESIS FOR ALLEVIATING TMJ DISCOMFORT

for which invention U.S. Patent 5,769,891 issued on June 23, 1998; and

WHEREAS, Ascentia Health, Inc., of 5330 Parliament Place, Rockford, IL 61107 (hereinafter referred to as Assignee), is desirous of acquiring the entire domestic and foreign right, title, and interest in and under the invention described in said Letters Patent.

NOW, THEREFORE, for good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, Assignor assigns and transfers to the Assignee, and the Assignee's legal representatives, successors and assigns, the full and exclusive rights in and to the invention in the U.S. and every foreign country and the entire right, title, and interest in and to said Letters Patent and other such applications (e.g., continuations, continuations-in-part, divisionals, reissues and reexaminations) that may be filed in the U.S. and every foreign country, and the Patents or extensions thereof, both foreign and domestic, that may or shall issue thereon.

UPON SAID CONSIDERATION, Assignor conveys to the Assignee the right to make application in its own behalf for protection of the invention in countries foreign to the U.S. and to claim under the International Convention or other international arrangement for any such application the date of the U.S. application (or other application if any there be) to gain priority with respect to other applications.

ASSIGNOR DOES HEREBY COVENANT and agree with the Assignee that Assignor will not execute any writing or do any act whatsoever conflicting with the terms of this assignment document set forth herein, and that Assignor will at any time upon request, without further or additional consideration, but at the expense of the Assignee, execute such additional assignments and other writings and do such additional acts as the Assignee may deem necessary or desirable to perfect the Assignee's enjoyment of this grant, and render all necessary assistance in making application for and obtaining original, divisional, continuation, reexamined and reissued Patent or of any and all foreign countries on the invention, and in enforcing any rights or choses in action accruing as a result of such applications or patents, and by executing statements and other affidavits, it being understood that the foregoing covenant and agreement shall bind, and inure to the benefit of, the assigns and legal representatives of all parties hereto.

U.S. Patent No. 5,769,891
Attorney Docket No. 164615

IN WITNESS WHEREOF, Assignor has caused one of its officers to hereunder set his hand on the date shown below.

CLACON HEALTH SOLUTIONS, INC.

Date July 28, 2009

William Coole
William Coole
Title: President

STATE OF Illinois
COUNTY OF Winnebago

On this 28th day of July, 2009, before me, a Notary Public in and for said county, appeared William Coole, who is personally known to me to be the same person whose name is subscribed to the foregoing assignment document, and acknowledged that he/she signed and delivered the document as his/her free and voluntary act for the uses and purposes therein set forth.

Diana L. Mahorski
Notary Public

{SEAL}

My Commission Expires: 10-24-12

OFFICIAL SEAL
DIANA L. MAHORSKI
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 10-24-12