

Form PTO-1595 (Rev. 09-04)
OMB No. 0651-0027 (exp. 03/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

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To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
 RAFAEL ZUBOK (10/17/2003), MICHAEL W. DUDASIK (10/17/2003), AND JOSEPH P. ERRICO (10/17/2003)

Execution Date(s): in parentheses after inventor name

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: SPINECORE, INC.

Internal Address: _____

Street Address:
475 SPRINGFIELD AVE, 4TH FLOOR

City: SUMMIT

State: NEW JERSEY

Country: United States of America Zip: 07901

Additional name(s) & address(es) attached: Yes No

3. Nature of Conveyance:

Assignment Merger

Security Agreement Change of Name

Government Interest Assignment

Executive Order 9424, Confirmatory License

Other _____

4. Application or patent number(s): This document is being filed together with a new application.

A. Patent Application No.(s) _____

B. Patent No.(s)
7,618,439

Additional numbers attached? Yes No

6. Total number of applications and patents involved:

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

Name: Kevin M. Kocun
LEARNER, DAVID, LITTENBERG,
KRUMHOLZ & MENTLIK, LLP

Internal Address: Atty. Dkt.: SPINE 3.0-455 CIP CONT V

Street Address: 600 South Avenue West

City: Westfield

State: NJ Zip: 07090

Phone Number: (908) 518-6383

Fax Number: (908) 654-0415

Email Address: kkocun@ldlkm.com

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

Authorized to be charged by credit card

Authorized to be charged to deposit account

Enclosed

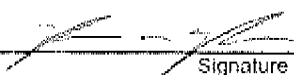
None required (government interest not affecting title)

8. Payment Information

a Credit Card Last 4 Numbers _____
 Expiration Date _____

b Deposit Account Number 12-1095
 Authorized User Name Kevin M. Kocun

9. Signature:

 December 2, 2009
 Signature Date

Kevin M. Kocun - 54,230 Total number of pages including cover sheet, attachments, and documents:
 Name of Person Signing

CH \$40.00 12-1095 7618439

ASSIGNMENT OF APPLICATION	Docket Number (Optional) F-299
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Whereas, I/We, Rafail Zubok; of Midland Park, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in Instrumentation and Methods for use in Implanting a Cervical Disc Replacement Device

for which an application for a United States Patent was filed on _____
Application Number _____/_____.

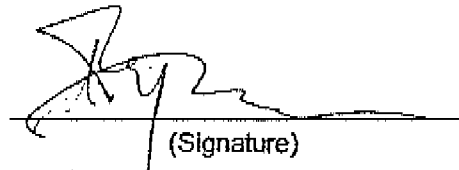
for which an application for a United States Patent was executed on 10/17/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 17th day of October, 2003
at Midland Park, NJ

State of _____)
County of _____) SS:


(Signature)

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20____.

Seal (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.

* Total of 3 forms are submitted.

ASSIGNMENT OF APPLICATION	Docket Number (Optional) F-299
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Whereas, I/We, Michael W. Dudasik of Nutley, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in Instrumentation and Methods for use in Implanting a Cervical Disc Replacement Device

for which an application for a United States Patent was filed on _____
Application Number _____ / _____.

for which an application for a United States Patent was executed on 10/17/2003, and

Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 17th day of October, 2003
at Nutley, NJ


(Signature)

State of _____)
County of _____) SS:

Before me personally appeared said _____
and acknowledged the foregoing instrument to be his free act and deed this _____
day of _____, 20 _____.

Seal _____ (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

* Total of 3 forms are submitted.

ASSIGNMENT OF APPLICATION	Docket Number (Optional) F-299
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Whereas, I/We, Joseph P. Errico of Green Brook, NJ, hereafter referred to as applicant, have invented certain new and useful improvements in _____
Instrumentation and Methods for use in Implanting a Cervical Disc Replacement Device

for which an application for a United States Patent was filed on _____
 Application Number _____ / _____.

for which an application for a United States Patent was executed on 10/17/2003, and

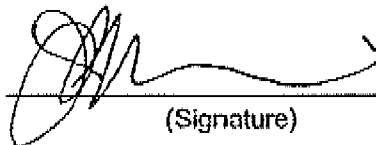
Whereas, SpineCore, Inc. of Summit, NJ herein referred to "assignee" whose mailing address is 447 Springfield Avenue, Summit, NJ 07931 is desirous of acquiring the entire right, title and interest in the same;

Now, therefore, in consideration of the sum of one dollar (\$1.00), the receipt whereof is acknowledged, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign, and transfer unto said assignee the full and exclusive right to the said invention and the entire right, title and interest in and to any and all Patents which may be granted therefor. I/We hereby authorize and request that said Patent be issued to said assignee, of the entire, right, title and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 17th day of October, 2003
 at Green Brook, NJ

State of _____)
 County of _____)

SS:



 (Signature)

Before me personally appeared said _____
 and acknowledged the foregoing instrument to be his free act and deed this _____
 day of _____, 20____.

Seal _____ (Notary Public)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

* Total of 3 forms are submitted.