

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:	NEW ASSIGNMENT										
NATURE OF CONVEYANCE:	ASSIGNMENT										
CONVEYING PARTY DATA											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Execution Date</th> </tr> </thead> <tbody> <tr> <td>John C. Evans</td> <td>08/21/2008</td> </tr> <tr> <td>Shitij Chabba</td> <td>09/16/2009</td> </tr> <tr> <td>Martin O'Hara</td> <td>08/20/2008</td> </tr> </tbody> </table>		Name	Execution Date	John C. Evans	08/21/2008	Shitij Chabba	09/16/2009	Martin O'Hara	08/20/2008		
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name:</td> <td>BSN Medical, Inc.</td> </tr> <tr> <td>Street Address:</td> <td>5825 Carnegie Boulevard</td> </tr> <tr> <td>City:</td> <td>Charlotte</td> </tr> <tr> <td>State/Country:</td> <td>NORTH CAROLINA</td> </tr> <tr> <td>Postal Code:</td> <td>28209-4633</td> </tr> </table>		Name:	BSN Medical, Inc.	Street Address:	5825 Carnegie Boulevard	City:	Charlotte	State/Country:	NORTH CAROLINA	Postal Code:	28209-4633
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CORRESPONDENCE DATA											
<p>Fax Number: (704)375-0729</p> <p><i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i></p> <p>Phone: 704-375-9249</p> <p>Email: krp@ADAMSPAT.COM</p> <p>Correspondent Name: ADAMS INTELLECTUAL PROPERTY LAW</p> <p>Address Line 1: Suite 2350 Charlotte Plaza</p> <p>Address Line 2: 201 South College Street</p> <p>Address Line 4: CHARLOTTE, NORTH CAROLINA 28244</p>											
ATTORNEY DOCKET NUMBER:	2765/384US										
NAME OF SUBMITTER:	W. Thad Adams, III										
<p>Total Attachments: 5</p> <p>source=2765-384US-Asn#page1.tif</p>											

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ASSIGNMENT

We, **John C. Evans**, a citizen of the United Kingdom and residing at 14 Haugh Fold, Newhey, NR Rochdale, Lancashire, OL16 3RF, GREAT BRITAIN, **Shitij Chabba**, a citizen of India and residing at 11749 Harsworth Lane, Charlotte, North Carolina, 28277, UNITED STATES OF AMERICA, and **Martin O'Hara**, a citizen of the United Kingdom and residing at 11749 Harsworth Lane, Charlotte, North Carolina, 28277, UNITED STATES OF AMERICA in consideration of the sum of \$1.00 (One Dollar), and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby sell, assign and transfer unto **BSN MEDICAL, INC.**, a corporation organized under the laws of Delaware, and having an office at 5825 Carnegie Boulevard, Charlotte, North Carolina, 28209-4633, UNITED STATES OF AMERICA, ("ASSIGNEE"), the entire right, title and interest, together with all rights of priority, in and to our invention for certain improvements in "MEDICAL BANDAGE SUBSTRATE, MEDICAL BANDAGE, AND MEDICAL BANDAGING PRODUCT WITH LOW ABRASION SIDE EDGES AND METHOD" as described in the **Application Serial No. 11/816,635**, submitted to the United States Patent and Trademark Office on the 19th day of August 2007, preparatory to obtaining Letters Patent of the United States therefor and as described and/or claimed in any and all applications for Letters Patent based thereon including the formal application, divisions, continuations and reissues thereof as well as all foreign counterparts thereof together with all Letters Patent issuing on any of the aforesaid applications for Letters Patent, the same to be held and enjoyed by ASSIGNEE, its successors, assigns or other legal

representatives, to the full ends of the terms of all said Letters Patent therefor which may be granted.

AND WE HEREBY AUTHORIZE ASSIGNEE to make applications for and to receive Letters Patent for said invention in any foreign countries in its own name, or in our names, at its election.

AND WE HEREBY COVENANT AND AGREE that we will execute or procure any further necessary assurance of title to said invention and any Letters Patent which may issue therefor and that we will, at any time, upon the request and at the expense of ASSIGNEE deliver any testimony in any legal proceedings and execute all papers that may be necessary or desirable to perfect the title to said invention or any Letters Patent which may be granted therefor in ASSIGNEE, its successors, assigns, or other legal representatives, and that we will, at any time, upon the request and at the expense of ASSIGNEE execute any formal applications, continuations, divisions, reissues, or any other additional applications for Letters Patent for said invention or any part or parts thereof, all of which applications and any Letters Patent issuing thereon are hereby assigned to ASSIGNEE, and will make all rightful oaths, and do all lawful acts requisite for procuring the same therein, without further compensation, but at the expense of ASSIGNEE, its successors, assigns or other legal representatives.

AND WE HEREBY AUTHORIZE AND REQUEST the Commissioner of Patents and Trademarks to issue any and all Letters Patent of the United States for said invention, resulting from any of the aforesaid applications to said **BSN MEDICAL, INC.**, as sole ASSIGNEE.

WITNESS OUR hand and seal on the day listed below:

21/08/08
Date



John C. Evans

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF LANCASHIRE

I, CATHERINE JACKSON, a Notary Public for said County and State do hereby certify that **John C. Evans** appeared before me personally and signed the aforementioned Assignment.

This the 21ST day of AUGUST, 2008.


Notary Public

My Commission Expires _____
SEAL

Date

Shitij Chabba

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public for said County and State do hereby certify that **Shitij Chabba** appeared before me personally and signed the aforementioned Assignment.

This the _____ day of _____, 20____.

Notary Public

My Commission Expires _____
SEAL

Date

John C. Evans

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public for said County and
State do hereby certify that John C. Evans appeared before me personally and signed the
aforementioned Assignment.

This the _____ day of _____, 20_____.

My Commission Expires _____
SEAL

09/16/09

Date

Notary Public



Shitij Chabba

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public for said County and
State do hereby certify that Shitij Chabba appeared before me personally and signed the
aforementioned Assignment.

This the _____ day of _____, 20_____.

My Commission Expires _____
SEAL

Notary Public

Aug 20th '08
Date


Martin O'Hara

NOTARY ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____

I, _____, a Notary Public for said County and
State do hereby certify that **Martin O'Hara** appeared before me personally and signed the
aforementioned Assignment.

This the _____ day of _____, 20_____.

Notary Public

My Commission Expires _____
SEAL