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BEAT MUERNER			
	Namo:STRYKER TRAUMA AG		
	Internal Address:		
Execution Date(s): April 9, 2010	- Street Address:		
Additional name(s) of conveying party(ies) attached7 Yes XN			
3. Nature of Conveyance:	BOHNACKERWEG I		
X Assignment Merger			
Security Agreement Change of Name	SELZACH		
	City: SELZACH		
Government Interest Assignment	State:		
Executive Order 9424. Confirmatory License	Country: Switzerland Zip: <u>CII-2545</u>		
Other	Additional name(s) & address(cs) Yes X No		
· · · · · · · · · · · · · · · · · · ·			
4. Application or patent number(s):	This document is being filed together with a new application.		
A. Patent Application No.(5)	B Patent No.(s)		
29/357,296			
Additional numbers attache	d? Yes X No		
Name and address to whom correspondence concerning document should be mailed:	6. Total number of applications and 1		
Name: Kevin M. Kocun			
LERNER, DAVID, LITTENBERG,			
KRUMHOLZ & MENTLIK, LLP	7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00		
Internal Address: Atty. Dkt.: TRAUMA 3.1-586	Authorized to be charged by credit card		
Street Address: 600 South Avenue West			
Shoothallions (000 Bottin) Avenue West	x Authorized to be charged to deposit account		
	Enclosed		
	Enclosed		
	Enclosed None required (government interest not affecting titl		
	Enclosed     Enclosed     None required (government interest not affecting title     8. Payment Information		
State: NJ Zip: 07090	Enclosed     None required (government interest not affecting titl <b>8. Payment Information</b> a. Credit Card Last 4 Numbers		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     None required (government interest not affecting title     S. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     None required (government interest not affecting tit)     8. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date     b. Deposit Account Number 12-1095		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     Enclosed     None required (government interest not affecting titl     8. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     None required (government interest not affecting tit)     8. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date     b. Deposit Account Number 12-1095		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     Enclosed     None required (government interest not affecting titl     8. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date     b. Deposit Account Number 12-1095     Authorized User Name Kevin M, Kocun     May 12, 2010		
NJ         Zip:         07090           Phone Number:         (908) 518-6383	Enclosed     None required (government interest not affecting tit)     None required (government interest not affecting tit)     S. Payment Information     a. Credit Card Last 4 Numbers     Expiration Date     Deposit Account Number 12-1095     Authorized User Name Kevin M, Kocun		

# PATENT REEL: 024377 FRAME: 0204

700436693

	former PT0/38/15.(6.00) Modified : 0:723	
ASSIGNMENT OF DESIGN APPLICATION	Docket Number (Optional)	
	TRAUMA 3.1-586	
Whereas, I, Beat Mürner	ol	
Faltschen: 3713 Reichenbach: SWITZERLAND	U)	
hereafter referred to as assignor, have invented certain new ar	id useful improvements in	
CONNECTOR	,	
X for which an application for a United States Design Pa	atent was filed on March 10, 2010	
Application Number 29/357,296		
for which an application for a United States Design Pati	ent was executed by me on	
for which an International Application was filed on		
, designating the United St	ates	
And		
Whereas, Stryker Trauma AG		
a corporation of <u>Switzerland</u> herein referred to as "assignee" wh	ose mailing address is	
Bohnackerweg 1, CH-2545 Selzach, SWITZERLAND		
is desirous of acquiring the entire right, title and interest in the s	same:	
NOW. THEREFORE, in consideration of the sum of <u>one</u> is acknowledged, and other good and valuable consideration. I assignee the entire right, title and interest for the United State invention and the aforesaid Design patent application and all o applications and patents applied for or granted therefor in the I said invention, including without limitation all applications and j of the aforesaid Design application pursuant to any law or tre- benefit and the Commissioner of Patents and Trademarks is h on said inprovements or resulting therefrom to said assignce h the undersigned for me and my legal representatives, heirs a further remuneration, to execute and deliver all original, divisio Design Patent on said improvements and all assignments then to said assignee or its representatives all facts known to the un requested. To testify in any interferences or other legal procee- may become involved, to sign all lawful papers, make all right to aid assignee, its successors, assigns and nominees to ob countries, the expenses incident to said applications to be borne Applications to be borne.	es of America and all other countries in and to said riginal, divisional, continuation, substitute or reissue United States of America and all other countries, for patents for said invention claiming priority or benefit aty, and including the right to claim such priority or ereby authorized and requested to issue all patents erein, as assignee of the coltre interest therein, and nd assigns do hereby agree and covenant without noil, continuation, reissue and other applications for eol to said assignee or its assigns, to communicate dersigned respecting said improvements, whenever edings in which any of said applications or patents ful oaths, and to do generally everything necessary tain patent protection for said improvements in all e and paid by said assignee	
And I do hereby authorize my attorneys to insert on this de application when known	ed the filing date and application number of said	
UNITES Date Witness R. Thomas Printed Name of Witness	FUULL: Geat Mürner	

21564.11

# PATENT REEL: 024377 FRAME: 0205



600 SOUTH AVENUE WEST + WESTFIELD, NEW JERSEY 07090 908.654.5000 + FAX 908.654.7866 + WWW.UDUKM.COM

.. .. .. PARKIN, THANKARA, CONSIGNAS & UNIXOR COMPLETION

# **Facsimile Transmittal**

То:	Fax Number	From
USPTO Assignment Division	571-273-0140	Phyllis Kelly 908-518-6456

Date: May 12, 2010 No. Pages: 3 File Name.: TRAUMA 3.1-586 Client/Matter No: TRAUMA.4558 Attorney/Secretary: KMK/Iv

#### **MESSAGE:**

Please record the attached assignment and fax the Notice of Recordation to Phyllis Kelly at 908-654-7866.

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HINGO? LINN

### PATENT REEL: 024377 FRAME: 0206

# **RECORDED: 05/12/2010**