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TO:FRANK LIEBENOW COMPANY:11199 69TH STREET N

|   |   | PATENT ASSIGNMENT  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| lectronic Version v1.1<br>Stylesheet Version v1.1   |   | 07/07/2010<br>501224941  |   |  |  |  |  |
| SUBMISSION TYPE   | :   | CORRECTIVE ASSIGNMENT  | CORRECTIVE ASSIGNMENT   |  |  |  |  |
| NATURE OF CONVEYANCE:   |   | identified as Land O Lakes, FL. I<br>on Reel 024630 Frame 0650. As   | Corrective Assignment to correct the Receiving Party City was incorrectly identified as Land O Lakes, FL. It should be Lakeland, FL previously recorded on Real 024630 Frame 0660. Assignor(s) hereby confirms the Please change city of the Receiving Party to "Lakeland". |  |  |  |  |
| CONVEYING PART  | Y DATA                                      |  |   |  |  |  |  |
|   |   | Name   | Execution Date  |  |  |  |  |
| Dennis K. La Motte  | <del></del>                                 | , CM IIW   | 03/16/1993  |  |  |  |  |
| Anthony J. Senzam   | ici .lr                                     |  | 03/16/1993  |  |  |  |  |
| Andrew J. Serizam   |   |  |   |  |  |  |  |
| RECEIVING PARTY   | DATA  |  |   |  |  |  |  |
| Name:   | Pioneer Med                                 | Pioneer Medical, Inc   |   |  |  |  |  |
| Street Address:   | 3910 HOLDE                                  |  |   |  |  |  |  |
| City:   | LAKELAND                                    |  |   |  |  |  |  |
| State/Country:  | FLORIDA                                     |  |   |  |  |  |  |
| Postal Code:  | 33811                                       |  |   |  |  |  |  |
| T Gottal Gode:  |   |  |   |  |  |  |  |
| PROPERTY NUMBE  | ERS Total: 1                                |  |   |  |  |  |  |
| Property  | Туре  | Numbe  | Number  |  |  |  |  |
|   |   | 5434339  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| CORRESPONDENC   | CE DATA                                     |  |   |  |  |  |  |
| Fax Number:  Correspondence with Phone:  Email:  Correspondent Nam Address Line 1:  Address Line 4: | 727-54<br>liebeno<br>ne: Frank t<br>11199 l | .7–4112<br>Mail when the fax attempt is unsuccessforms of the fax attempt is unsuccessforms of the fax attempt is unsuccessform of the fax a | î <b>v</b> .  |  |  |  |  |
| ATTORNEY DOCKET NUMBER:   |   | 516.0  | 516.0   |  |  |  |  |
| NAME OF SUBMITTER:  |   | Frank Liebenow   |   |  |  |  |  |
| Total Attachments:  | 3   | Corre of co  | Assignment  |  |  |  |  |

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TO:FRANK LIEBENOW COMPANY:11199 69TH STREET N

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**PATENT** 

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TO:FRANK LIEBENOW COMPANY:11199 69TH STREET N

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TO:FRANK LIEBENOW COMPANY:11199 69TH STREET N

|  |                            |                      | PATENT ASSIGNMENT                     |  |  |  |  |
|--|----------------------------|----------------------|---------------------------------------|--|--|--|--|
| lectronic Version v<br>tylesheet Version                           |                            |                      | 07/06/2010<br>501223933               |  |  |  |  |
| SUBMISSION TYPE:   |                            |                      | NEW ASSIGNMENT                        |  |  |  |  |
| NATURE OF CONVEYANCE:  |                            |                      | ASSIGNMENT                            |  |  |  |  |
| CONVEYING PARTY  | DATA                       |                      |                                       |  |  |  |  |
|  | ·                          |                      | lank:                                 | Execution Date   |  |  |  |
| Dennis K. La Motte   |                            |                      |                                       | 03/16/1293   |  |  |  |
|  | el de                      | ~~                   |                                       | 03/16/1993   |  |  |  |
| ANthony J. Senzamici Jr  |                            |                      |                                       | الحياد المستقد |  |  |  |
| RECEIVING PARTY  | DATA                       |                      |                                       |  |  |  |  |
| Name:  | Ploneer Med                | Plonear Medical, Inc |                                       |  |  |  |  |
| Street Address:  | 3910 HOLDE                 | 3910 HOLDEN RD.      |                                       |  |  |  |  |
| City:  | Land O Lakes               |                      |                                       |  |  |  |  |
| Stale/Country:   | FLORIDA                    |                      |                                       |  |  |  |  |
| Postal Code:   | 33811                      |                      |                                       |  |  |  |  |
| PROPERTY NUMBE   |                            |                      | Number 2                              |  |  |  |  |
| Property Type  |                            |                      | Number                                |  |  |  |  |
| Partent Number: 543  |                            | 54343                | 130                                   |  |  |  |  |
| CORRESPONDENC  |                            |                      |                                       |  |  |  |  |
| Fax Number:<br>Commencedence will                                  | 727)54)<br>The sent via US |                      | then the fax attempt is unsuccessful. |  |  |  |  |
| Phone:   | 727-546                    |                      |                                       |  |  |  |  |
| Ernal):  |                            | _                    | ърва в вулг. сот                      |  |  |  |  |
| Correspondent Name   | e: Frank C<br>19199 č      |                      |                                       |  |  |  |  |
| Address Line 1:<br>Address Line 4:                                 |                            |                      | DA 33773                              |  |  |  |  |
| ATTORNEY DOCKET NUMBER:  |                            |                      | 516.0                                 |  |  |  |  |
| NAME OF SUBMITTER;   |                            | Frank Liebenow       |                                       |  |  |  |  |
| Total Attechments: 2<br>source=518_0_assign<br>source=516_0_assign | nment#page1.ti             | f<br>f               |                                       |  |  |  |  |

original Assignment

## ASSIGNMENT OF APPLICATION

Whereas we, Dennis K. La Motte, residing at 25261 Bunting Circle, Land O Lakes, FL 34639, and Anthony J. Senzamici, Jr., residing at 620 Travis Circle, Lakeland, FL 33813 have invented certain new and useful improvements in APPLYING A FLUID ABSORPTION MAT TO A FLOOR for which an application for United States Letters Patent is being filed on March 16, 1993, a copy attached hereto and;

Whereas Pioneer Medical, Inc., whose principal place of business is located at 25261 Bunting Circle, Land O Lakes, FL 34639, is desirous of acquiring the entire right, title, and interest in the same;

Now, therefore, in consideration of the sum of Ten Dollars (\$10.00), the receipt whereof which is hereby acknowledged, and other good and valuable consideration, the said Dennis K. La Motte and Anthony J. Senzamici, Jr., by these presents does sell, assign, and transfer unto said Pioneer Medical, Inc. the full and exclusive right, title, and interest in and to any and all Letters Patent which may be granted, therefore in the United States and all foreign countries.

We hereby authorize and request the Commissioner of Patents and Trademarks to issue said Letters Patent to said Pioneer Medical, Inc. as the assignee of the entire right, title, and interest in and to the same for its sole use and behalf and for the use in behalf of its legal representatives, to the full end of the

term for which said Letters Patent may be granted, as fully and entirely as the same would have been held by us had this assignment and sale not been made.

Executed this 16th day of March, 1993, at Largo, Florida.

Dennis K. La Motte

Anthony J. Senzamici, Dr.

STATE OF FLORIDA )
COUNTY OF PINELLAS )

The foregoing instrument was acknowledged before me this 16th day of March, 1993 by Dennis K. La Motte and Anthony J. Senzamici, Jr., who are personally known to me and who did take an oath.

Notary Public

<u>Herbert W. Larson</u> Print Signature

My Commission Expires:

(Seal) NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. APR.16, 1995 BONDED THRU GENERAL INS. UND.

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PATENT REEL: 024651 FRAME: 0627