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To the Director of the U.S	3. Patent	
1. Name of conveying party(ies)		2. Name and address of receiving party(ies)
Koseki Medical K.K.		Name: <u>Momoko Shirai</u>
		Internal Address:
Additional name(s) of conveying	g party(ies) attached? Yes 🗙 No	o
3. Nature of conveyance	e/Execution Date(s):	Street Address: <u>4-8-3 Kumegawa - cho</u>
Execution Date(s) June 1	9, 2010	-
X Assignment	Merger	
Security Agreement	Change of Name	City: <u>Higashimurayama - shi</u>
Joint Research Agreement		State: Tokyo
Government Interest	t Assignment	
Executive Order 9424, Confirmatory License		Country: JAPAN Zip: 189-0003
Other	· ·	Additional name(s) & address(es) attached? Ves
4. Application or patent	t number(s):	s document is being filed together with a new applica
		D489,454 attached? Yes XNo
5. Name and address to concerning document	o whom correspondence should be mailed:	6. Total number of applications and patents involved: 1
Name: Momoko Shirai		7. Total fee (37 CFR 1.21(h) & 3.41) \$_40
Internal Address:		
		Authorized to be charged to deposit account
Street Address: 4-8-3 Kumegawa - cho		Enclosed (credit Card Payment Form encl
		None required (government interest not affecting
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City: Higashimurayama - shi		8. Payment Information
City: <u>Higashimurayama - shi</u>		8. Payment Information
State: Tokyo	Zip: <u>189-0003</u>	-
State: <u>Tokyo</u> Phone Number: <u>81-42-313</u>	Zip: <u>189-0003</u> 3-3331	8. Payment Information Deposit Account Number
State: Tokyo	Zip: <u>189-0003</u> 3-3331	-
State: <u>Tokyo</u> Phone Number: <u>81-42-313</u>	Zip: <u>189-0003</u> 3-3331 3332	Deposit Account Number Authorized User Name
State: <u>Tokyo</u> Phone Number: <u>81-42-313</u> Fax Number: <u>81-42-313-</u>	Zip: <u>189-0003</u> 3-3331 3332	Deposit Account Number Authorized User Name 47/15/2018 mThA11 02000005 0483454 July 9, 2010
State: <u>Tokyo</u> Phone Number: <u>81-42-313</u> Fax Number: <u>81-42-313-</u> Email Address: <u>micro@pia</u>	Zip: <u>189-0003</u> 3-3331 3332 ano.ocn.ne.jp	Deposit Account Number Authorized User Name 47/15/2010 #T#A11 00000005 0489454 July 9, 2010 61 F0:8061 July 9, 2010 Date 40
State: <u>Tokyo</u> Phone Number: <u>81-42-313</u> Fax Number: <u>81-42-313-</u> Email Address: <u>micro@pia</u> 9. Signature:	Zip: <u>189-0003</u> 3-3331 3332 ano.ocn.ne.ip 白甘 ちれじ子	Deposit Account Number Authorized User Name 47/15/2018 mThA11 02000005 0483454 July 9, 2010

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Assignment of Invention and Patent Application

For value received, Koseki Medical K.K. of 2·17·2 Sotokanda, Chiyoda ku, Tokyo 101·0021 JAPAN(hereinafter ASSIGNOR), hereby sells, assigns, transfers, and sets over unto Momoko Shirai. of 4·8·3 Kumegawa cho, Higashimurayama shi, Tokyo 189-0003 JAPAN and his successors or assigns(hereinafter ASSIGNEE) 100% of the following: (A) ASSIGNOR'S right, title, and interest in and to the invention entitled "CASE FOR COUNTING AND DISPOSING USED SURGICAL NEEDLES" invented by ASSIGNOR; (B) the application for United States patent therefor, signed by ASSIGNOR on October. 25, 2002, U. S. Patent and Trademark Office Patent Number: D489,454, Date of Patent: May. 4, 2004; (C) any patent or reissues of any patent that may be granted thereon; and (D) any applications which are continuations, continuations in part, substitutes, or divisions of said application. ASSIGNOR authorizes ASSIGNEE to enter the date of signature and/ or Patent Number and Filing Date in the spaces above. ASSIGNOR also authorizes and requests the Commissioner for Patents to issue any resulting patent as follows: 100% to ASSIGNEE.

ASSIGNOR hereby further sells, assigns, transfers, and sets over unto ASSIGNEE, the above percentage of ASSIGNOR'S entire right, title, and interest in and to said invention in each and every country foreign to the United States; and ASSIGNOR further conveys to ASSIGNEE the above percentage of all priority rights resulting from the above identified application for United States patent. ASSIGNOR agrees to execute all papers, give any required testimony, and perform other lawful acts, at ASSIGNEE'S expense, as ASSIGNEE may require to enable ASSIGNEE to perfect ASSIGNEE'S interest in any resulting patent of the United States and countries foreign thereto, and to acquire, hold, enforce, convey, and uphold the validity of said patent and reissues and extensions thereof, and ASSIGNEE'S interest therein.

In testimony whereof ASSIGNOR has hereunto set its hand and seal on the date below.

Signature

T. Koseki

Tomoaki Koseki Koseki Medical K.K.

Date

Junell. Zulo

RECORDED: 07/09/2010