

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	This submission is to correct an error made in a previously recorded document that erroneously affects the identified patent. Specifically, MARSHFIELD CLINIC has been, and continues to be, the true owner of this patent.
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
MARSHFIELD CLINIC	10/22/2010
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	MARSHFIELD CLINIC
<b>Street Address:</b>	1000 North Oak Avenue
<b>City:</b>	Marshfield
<b>State/Country:</b>	WISCONSIN
<b>Postal Code:</b>	54449
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Patent Number:</b>	7585680
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<b>ATTORNEY DOCKET NUMBER:</b>	961094.00055
<b>NAME OF SUBMITTER:</b>	Sara D. Vinarov
<b>Total Attachments: 1</b> source=NOVEMBER-10-2010_961094-00055#page1.tif	

CH \$40.00 7585680

**DECLARATION  
UNDER  
37 CFR 323.01(c)**

Docket No.: 961094.00055

Page 1 of 1

First Named Inventor: Michael E.M. Larson, et al.

Title: METHOD AND DEVICE FOR MONITORING  
MEDICATION USAGE

Title of Invention: **METHOD AND DEVICE FOR MONITORING MEDICATION  
USAGE**

Application No.: 10/924,105

Filing Date: August 23, 2004

Patent No.: 7,585,680

Issue Date: September 8, 2009

Mail Stop Assignment Recordation Services  
U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

MARSHFIELD CLINIC, a corporation, having offices at 1000 North Oak Avenue, Marshfield, Wisconsin 54449, ("ASSIGNEE") desires to acquire the entire right, title and interest in and to the invention, the application, and any and all Letters Patent or similar legal protection, foreign or domestic, obtained therefore.

Said ASSIGNEE, who has been, and continues to be the true owner of the above-identified patent, declares that the original assignment recorded on August 13, 2004, at Reel 015723, Frame 0850, was improperly assigned. Specifically, the rights to the above-identified patent were inadvertently assigned to MARSHFIELD MEDICAL RESEARCH AND EDUCATION FOUNDATION. However, the rights should have been properly assigned to MARSHFIELD CLINIC.

IN WITNESS WHEREOF, I, the declarant have hereunto set my hands and affixed the seal on the date indicated below, and make this statement and declaration upon oath and affirmation of belief and personal knowledge that the facts set forth are true and correct. Further, I acknowledge that willful false statements and the like are punishable by fine or imprisonment, or both (18 U.S.C. 1001) and may jeopardize the validity of the above-identified patent. All statements made of my own knowledge are true and all statements made on information and belief are believed to be true.

Date: 10/22/10

Karl J. Ulrich, M.D., M.M.M.  
President/CEO, MARSHFIELD CLINIC

**CERTIFICATE OF ACKNOWLEDGMENT**

STATE OF WISCONSIN )  
COUNTY OF WOOD ) ss.

Subscribed and sworn to before me, a Notary Public, this 22 day of Oct, 2010.

Samuel J. Kuntz  
Notary Public

My Commission Expires: 7/20/14

RECORDED: 11/10/2010

**PATENT**  
REEL: 025340 FRAME: 0324