

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Matthew David Tarler	07/16/2003
RECEIVING PARTY DATA	
Name:	Cleveland Medical Devices Inc.
Street Address:	4415 Euclid Ave. Ste. 400
City:	Cleveland
State/Country:	OHIO
Postal Code:	44103
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6955094
CORRESPONDENCE DATA	
Fax Number:	(216)649-0397
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	2166490376
Email:	bkolkowski@clevemed.com
Correspondent Name:	Brian M. Kolkowski
Address Line 1:	4415 Euclid Ave. Ste. 400
Address Line 4:	Cleveland, OHIO 44103
ATTORNEY DOCKET NUMBER:	CMD-006
NAME OF SUBMITTER:	Brian M. Kolkowski
Total Attachments: 3 source=CMD-006_20101115_recordation-assignment#page1.tif source=CMD-006_20101115_recordation-assignment#page2.tif source=CMD-006_20101115_recordation-assignment#page3.tif	

OP \$40.00 6955094

RECORDATION FORM COVER SHEET
PATENTS ONLY

CMD-006

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)

Matthew David Tarler

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Cleveland Medical Devices Inc.

Internal Address: _____

Street Address: 4415 Euclid Ave., Ste. 400

City: Cleveland

State: Ohio

Country: United States Zip: 44103

Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance/Execution Date(s):

Execution Date(s) _____

- Assignment Merger
 Security Agreement Change of Name
 Joint Research Agreement
 Government Interest Assignment
 Executive Order 9424, Confirmatory License
 Other _____

4. Application or patent number(s):

This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

6,955,094

Additional numbers attached? Yes No

5. Name and address to whom correspondence concerning document should be mailed:

Name: Brian M. Kolkowski

Internal Address: _____

Street Address: 4415 Euclid Ave., Ste 500

City: Cleveland

State: OH Zip: 44103

Phone Number: (216) 649-0376

Fax Number: (216) 649-0397

Email Address: bkolkowski@cleyemed.com

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

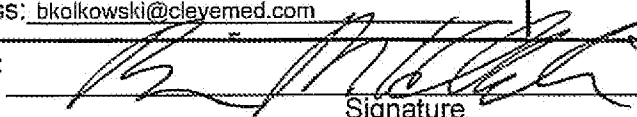
- Authorized to be charged to deposit account
 Enclosed
 None required (government interest not affecting title)

8. Payment Information

Deposit Account Number _____

Authorized User Name _____

9. Signature:



Signature

2010-11-15

Date

Brian M. Kolkowski
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

3

Assignment of Rights in Invention
(Sole inventor; single assignee)

Docket No.
CMD-006

Inventor

Residence of Inventor

Matthew David Tarler

2752 Horseshoe Blvd.
Westlake, Ohio 44145

Assignee

Residence or Principal Place of Business of Assignee

Cleveland Medical Devices Inc.

11000 Cedar Avenue
Cleveland, Ohio 44106

Whereas, I, the above-identified Inventor, have invented certain new and useful improvements in:
SENSOR FOR MEASURING SHEAR FORCES

(hereinafter referred to as "Invention") for which I am making application for Letters Patent in the United States of America;

And, whereas I desire to assign a 100% undivided interest in said Invention, said application disclosing the Invention and any Letters Patent which may be granted therefor to the above-identified Assignee, and whereas said Assignee is desirous of acquiring the entire right, title and interest in the same;

Now, this indenture witnesseth, that for the sum of **ONE** *dollars (\$*
1.00 *), and other good and valuable consideration, the receipt whereof is hereby acknowledged;*

I hereby assign, sell and transfer a 100% undivided interest in said invention, said application, including any divisions, continuations, and continuations-in-part thereof, and in and to any and all Letters Patent of the United States, and countries foreign thereto, which may be granted for said Invention, and in and to any and all priority rights, Convention rights, and other benefits accruing or to accrue to me with respect to the filing of applications for patents or securing of patents in the United States and countries foreign thereto, unto said Assignee;

And I hereby authorize and request the Commissioner of Patents and Trademarks to issue said United States Letters Patent to said Assignee, as assignee of the whole right, title and interest thereto;

And I further agree to execute all necessary and lawful future documents, including assignments in favor of Assignee, or its designees as Assignee or its Assignees may from time-to-time present to me in order to perfect title in said Invention, modifications, and improvements in said Invention, applications and Letters Patent of the United States and countries foreign thereto;

Assignment of Rights in Invention
(Sole inventor; single assignee)

Docket No.
CMD-006

Inventor

Residence of Inventor

Matthew David Tarler

2752 Horseshoe Blvd.
Westlake, Ohio 44145

Assignee

Residence or Principal Place of Business of Assignee

Cleveland Medical Devices Inc.

11000 Cedar Avenue
Cleveland, Ohio 44106

And I further agree to sign and properly execute such necessary and lawful papers for application for foreign patents, for filing divisions, continuations and continuations-in-part of said application for patent, and/or, for obtaining any reissue or reissues of any Letters Patent which may be granted for my aforesaid Invention, as the Assignee thereof shall hereafter require and prepare at its own expense.

Executed this 16th day of July, in the year 2003

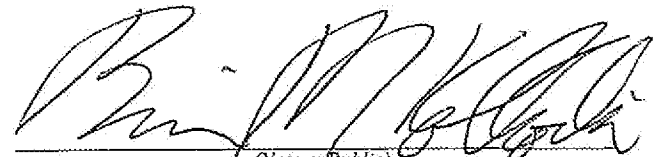
at


(Signature of Inventor)

State of

County of

Before me personally appeared Matthew David Tarler who acknowledged the foregoing instrument to be a free act and deed and also represented that he or she is authorized to execute the same this 16th day of July, in the year 2003


(Notary Public)

**BRUCE J. WINSKI, ATTORNEY
STATE OF OHIO
NO EXPIRATION DATE**