

# PATENT ASSIGNMENT

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<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Christopher H Hillios	06/28/2011
Sonia R Hillios	06/28/2011
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	C-Med Innovations LLC
<b>Street Address:</b>	81 Gunn Road
<b>Internal Address:</b>	P.O. Box 90
<b>City:</b>	Southampton
<b>State/Country:</b>	MASSACHUSETTS
<b>Postal Code:</b>	01073
<b>PROPERTY NUMBERS Total: 3</b>	
<b>Property Type</b>	<b>Number</b>
Patent Number:	7942114
Patent Number:	7789856
Application Number:	12475641
<b>CORRESPONDENCE DATA</b>	
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<b>NAME OF SUBMITTER:</b>	Christopher H. Hillios
Total Attachments: 1 source=HilliosCoverSheet#page1.tif	

OP \$120.00 7942114

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**PATENT**  
 REEL: 026515 FRAME: 0509

## RECORDATION FORM COVER SHEET PATENTS ONLY

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)

Sonia R. Hillios  
Christopher H. Hillios

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

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

Execution Date(s) 06/28/2011

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Joint Research Agreement  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

### 2. Name and address of receiving party(ies)

Name: C-Med Innovations LLC

Internal Address: P.O. Box 90

Street Address: 81 Gunn Road

City: Southampton

State: MA

Country: USA Zip 01073

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

### 4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

12475641

B. Patent No.(s)

7942114 , 7789856

Additional numbers attached? ☐ Yes ☐ No

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

Name: Christopher H. Hillios

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### 6. Total number of applications and patents involved: \_\_\_\_\_

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

- ☐ 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:

/Christopher H. Hillios/

Signature

06/28/2011

Date

Christopher H. Hillios

Name of Person Signing

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

1

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