

PATENT ASSIGNMENT

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
DARREN KAHN	11/08/2012
RECEIVING PARTY DATA	
Name:	HENORA HEALTHCARE LLC
Street Address:	4637 N.W. 6TH STREET
City:	GAINESVILLE
State/Country:	FLORIDA
Postal Code:	32609
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29436669
CORRESPONDENCE DATA	
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<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
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ATTORNEY DOCKET NUMBER:	RMM.DP2
NAME OF SUBMITTER:	GWENDOLYN L. DANIELS
Total Attachments: 2 source=Exec-Assign#page1.tif source=Exec-Assign#page2.tif	

OP \$40.00 29436669

ASSIGNMENT

WHEREAS, I, the undersigned, residing at the indicated address given below, respectively, have invented certain new and useful improvements in **Neutral Pressure Value Sleeve Design**, for which an application for United States Letters Patent was

signed by me as dated below.

filed November 8, 2012 , Serial No. 29/436,669.

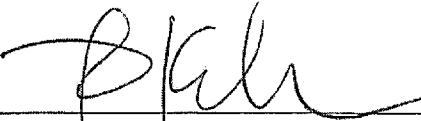
WHEREAS, HENORA HEALTHCARE LLC, a corporation of the State of Florida, having a place of business at 4637 N.W. 6th Street, Gainesville, Florida 32609, is desirous of acquiring the entire right, title, and interest in and to said invention and in and to any Letters Patent which may be granted therefor in the United States and in any and all foreign countries;

NOW, THEREFORE, in view of valuable consideration, receipt of which is hereby acknowledged, I, the undersigned, have sold, assigned, and transferred, and by these presents do sell, assign, and transfer, unto said HENORA HEALTHCARE LLC, its successors and assigns, the full and exclusive right to the said invention in the United States and its territorial possessions and in all foreign countries and the entire right, title, and interest in and to any and all Letters Patent which may be granted therefor in the United States and its territorial possessions and in any and all foreign countries and in and to any and all divisions, reissues, continuations, and extensions thereof.

I hereby authorize and request the Patent Office Officials in the United States and in any and all foreign countries to issue any and all of said Letters Patent, when granted, to HENORA HEALTHCARE LLC, as the assignee of the entire right, title, and interest in and to the same, for the sole use and behoof of said HENORA HEALTHCARE LLC, its successors and assigns.

FURTHER, I agree that I will communicate to said HENORA HEALTHCARE LLC, or its representatives, any facts known to me respecting said invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of said Letters Patent to be issued to said HENORA HEALTHCARE LLC; make all rightful oaths; and generally do everything possible to aid the said HENORA HEALTHCARE LLC, its successors and assigns, to obtain and enforce proper protection for said invention in the United States and in any and all foreign countries.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 8th day of November, 2012.

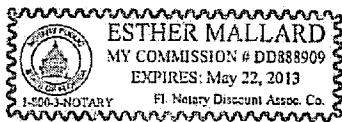
Signed 

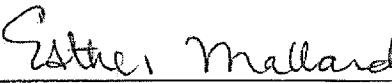
Darren Kahn
Address: 4637 N.W. 6th Street
Gainesville, FL 32609

State of Florida)

County of Alachua)

On this 8th day of November, 2012, personally appeared before me the above-named DARREN KAHN, to me known and known to me to be the person described in the foregoing instrument, who executed the foregoing instrument, and who severally acknowledged the same to be his free act and deed in and for the purposes set forth in said instrument.




Notary Public

My Commission Expires:

SEAL