

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3821848

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the NAME OF THE ASSIGNEE previously recorded on Reel 011920 Frame 0309. Assignor(s) hereby confirms the CORRECTIVE ASSIGNMENT IS A TRUE COPY OF THE ORIGINAL DOCUMENT.
RESUBMIT DOCUMENT ID:	503748167

CONVEYING PARTY DATA

Name	Execution Date
ROMAN S. FERBER	06/19/2001

RECEIVING PARTY DATA

Name:	FKA DISTRIBUTING CO. D/B/A HOMEDICS, INC.
Street Address:	3000 PONTIAC TRAIL
City:	COMMERCE TOWNSHIP
State/Country:	MICHIGAN
Postal Code:	48390

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	D463914

CORRESPONDENCE DATA

Fax Number: (248)358-3351

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.

Email: aPhillips@brookskushman.com

Correspondent Name: BROOKS KUSHMAN P.C.

Address Line 1: 1000 TOWN CENTER, 22ND FLOOR

Address Line 4: SOUTHFIELD, MICHIGAN 48075

ATTORNEY DOCKET NUMBER:	HOME0510DUS
NAME OF SUBMITTER:	ANGELIKA PHILLIPS
SIGNATURE:	/Angelika Phillips/
DATE SIGNED:	04/08/2016

Total Attachments: 4


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06-27-2001

FORM PTO-1595 (Modified)	REI		EET	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
101762342				

To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): <u>622-01</u> Roman S. Ferber</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: <u>HoMedics, Inc.</u></p> <p>Internal Address: <u>(Same as below)</u></p> <p>Street Address: <u>JUN 22 2001 3000 Pontiac Trail</u></p> <p>City: <u>Commerce Township</u> State: <u>MI</u> Zip: <u>48390</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other _____</p> <p>Execution Date: <u>June 19, 2001</u></p>	

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s) <u>29/141,564</u>	B. Patent No.(s)
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Stephanie M. Mansfield</u></p> <p>Address: <u>Brooks & Kushman P.C.</u> <u>1000 Town Center, Twenty-Second Floor</u></p> <p>City: <u>Southfield</u> State: <u>MI</u> ZIP: <u>48075</u></p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total Fee (37 C.F.R. § 3.41)\$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> Authorized to be charged to Deposit Account</p> <p>8. Deposit Account Number: _____</p> <p>(Attach duplicate copy of this page if paying by Deposit Account)</p>
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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct, and any attached copy is a true copy of the original document.

<u>Stephanie M. Mansfield</u> Name of Person Signing	<u>Stephanie M. Mansfield</u> Signature	<u>June 19, 2001</u> Date
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Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
Box Assignments, Director of the United States Patent and Trademark Office
Washington, D.C. 20231

PATENT
REEL: 011920 FRAME: 0309

PATENT
REEL: 038225 FRAME: 0620

ASSIGNMENT

For the sum of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, I, Roman S. Ferber of 5437 Avalon Ct., West Bloomfield, Michigan 48323 do hereby assign, sell and set over to ~~HoMedics, Inc.~~, a corporation organized and existing under the laws of the State of Michigan, and having a place of business at 3000 Pontiac Trail, Commerce Township, Michigan 48390, hereinafter referred to as the ASSIGNEE, its successors, assigns or other legal representatives, the entire right, title and interest, domestic and foreign, in and to the inventions and discoveries in

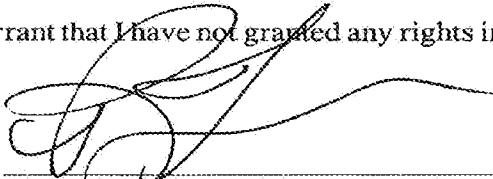
ELECTRIC TOOTHBRUSH

for which an application for a United States Patent was filed on May 9, 2001, Application No. 29/141,564, including the right of said ASSIGNEE, its successors, assigns or other legal representatives to make applications and to receive Letters Patent for said inventions and discoveries in any and all foreign countries in its or their own name or names, or in my name, at its or their election, and I hereby assign, sell and set over to said ASSIGNEE, its successors, assigns or other legal representatives, all rights of priority in and to said inventions and discoveries in all countries, including all applications claiming benefit of the filing date hereof, continuations, continuations-in-part, divisionals, reexaminations and reissue applications.

And I hereby agree for myself, my heirs, successors, assigns or other legal representatives to execute any and all papers, including applications for Letters Patent of any and all kinds and in any and all countries and to perform any and all acts which said ASSIGNEE, its successors, assigns or other legal representatives may deem necessary to secure thereto the rights herein assigned, sold and set over.

And I hereby represent and warrant that I have not granted any rights inconsistent with the rights granted herein.

Date: June 19, 2001



Roman S. Ferber

FKA Distributing Co. d/b/a HoMedics, Inc. ←

STATE OF Michigan
COUNTY OF Oakland) ss.

RF Date _____

On this 19 day of June, 2001, personally appeared before me Roman S. Ferber, to me known to be the person named in and who executed the above instrument, and acknowledged that he executed the same for the uses and purposes therein mentioned.



Notary Public
My Commission expires

LORRAINE SCHNEIDER
Notary Public, Macomb County, MI
Acting in Oakland County, MI
My Commission Expires 02/19/2004

(SEAL)

RECORDED: 06/22/2001

PATENT
REEL: 011920 FRAME: 0310

RECORDED: 03/22/2016

PATENT
REEL: 038225 FRAME: 0621