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12-16-1998



Docket No.:

363.03-US

100922996

Tab settings

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
**Southwest Medical Inc.**

Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State **California**  
 Other \_\_\_\_\_

Additional names(s) of conveying party(ies)       Yes  No

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

Name: **Zephyr Therapeutics, Inc.**

Internal Address: \_\_\_\_\_

Street Address: **26071 Merit Circle, Suite 114**

City: **Laguna Hills**                      State: **CA**      ZIP: **92653**

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State **Texas**  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic designation is                       Yes       N  
(Designations must be a separate document from  
Additional name(s) & address(es)                       Yes       N

3. Nature of conveyance: **MRD 12-9-98**

Assignment                       Merger  
 Security Agreement               Change of Name  
 Other \_\_\_\_\_

Execution Date: **November 30, 1998**

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)  
**75/467362**

Additional numbers                       Yes  No

B. Trademark Registration No.(s)

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

Name: **Robert D. Fish**

Internal Address: \_\_\_\_\_

Street Address: **Crockett & Fish**  
**1440 N. Harbor Blvd., Ste. 706**

City: **Fullerton**                      State: **CA**      ZIP: **92835**

6. Total number of applications and registrations involved: **1**

7. Total fee (37 CFR 3.41): .....\$ **\$40.00**

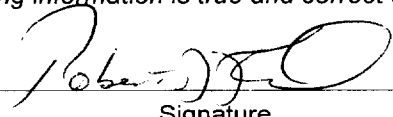
Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
**500341**

DO NOT USE THIS SPACE

12/14/1998 JSHABAZZ 00000027 75467362  
01 FC:481                      40.00 DP

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.*

**Robert D. Fish**                                            **12/2/98**  
Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments, and **3**

**ASSIGNMENT OF APPLICATION FOR REGISTRATION OF A MARK**

Whereas Southwest Medical Inc.  
name of assignor

of 26071 Merit Circle, Suite 114, Laguna Hills, CA 92653  
address of assignor

has adopted, used and is using a mark for which registration in the United States Patent and Trademark Office has been applied for, Application No. 75/467362, dated April 13, 1998; and

Whereas Zephyr Therapeutics, Inc.  
name of assignee

of 26071 Merit Circle, Suite 114, Laguna Hills, CA 92653  
address of assignee

is desirous of acquiring said mark and the registration thereof;

Now, therefore, for good and valuable consideration, receipt of which is hereby acknowledged,

Southwest Medical Inc. does assign unto the said  
name of assignor

Zephyr Therapeutics, Inc. all right, title and interest in an to the said mark,  
name of assignee

together with the good will of the business symbolized by the mark, and the above identified application thereof.

Signature: 

Name: Cathy Orr

Title: President

Signing on behalf of: Southwest Medical Inc.  
Name of assignor

STATE OF CALIFORNIA )  
COUNTY OF ORANGE ) ss.

On 11-30-98, 1998 before me, personally appeared Cathy ORR

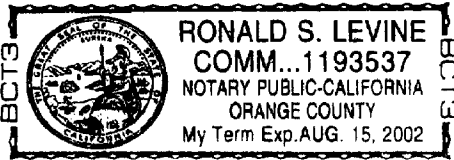
\_ personally known to me or

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she~~/they executed the same in his/~~her~~/their authorized capacity(ies), and that by his/~~her~~/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

*Ronald S. Levine*

Signature of Notary



CAPACITY CLAIMED BY SIGNER

- Individual
- Corporate Officer
- Partner(s)  Limited  General
- Attorney-in-fact
- Trustee(s)
- Guardian/Conservator for
- Other

DESCRIPTION OF ATTACHED DOCUMENT

Assignment

Title or Type of Document

Date of Document: \_\_\_\_\_

SIGNER IS REPRESENTING

Southwest Medical Inc.