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TRADEMARKS ONLY  
Trademarks  
y thereof

<p>1. Name of Party(ies) conveying an interest:</p> <p>Nathan Saks</p> <p>Entity:</p> <p><input checked="" type="checkbox"/> Individual(s)</p> <p><input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Corporation-State of California</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p>3. Interest Conveyed:</p> <p><input checked="" type="checkbox"/> Assignment</p> <p><input type="checkbox"/> Security Agreement</p> <p><input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Other _____</p> <hr/>	<p>2. Name and Address of Party(ies) receiving an interest:</p> <p>Name: <u>Microflex Medical Corporation</u></p> <p>Address: <u>P.O. Box 32000</u></p> <p>City: <u>Reno</u></p> <p>State: <u>Nevada</u></p> <p>Zip: <u>89533-2000</u></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> General Partnership</p> <p><input checked="" type="checkbox"/> Corporation-Nevada <b>(formerly a California Corporation)</b></p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Citizenship _____</p> <p>If not domiciled in the United States, a domestic representative designation is attached:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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4. Application number(s) or registration number(s). Additional Sheet Attached?  Yes  No

A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	<u>1,791,383</u>

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

Lucy B. Arant  
RUSS, AUGUST & KABAT  
12424 Wilshire Boulevard, Suite 1200  
Los Angeles, California 90025

6. Number of applications and registrations involved:

1

7. Amount of fee enclosed or authorized to be charged:

\$40.00

8. Deposit account number (Attach duplicate copy of this form if paying by deposit account):

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9. Date execution of attached document May 17, 1994

10. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on:

<p><u>Lucy B. Arant</u></p> <p>Signature</p>	<p><u>September 7, 1999</u></p> <p>Date</p> <p><u>Lucy B. Arant</u></p> <p>Name of Person Signing</p>
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940517 (MDF:fas)

**TRANSFER ASSIGNMENT**

WHEREAS, NATHAN SAKS D/B/A SAKS/MICROFLEX CORPORATION, the full post office address of whose principal office or place of business is 1757 Grandview Avenue, South San Francisco, California, is the owner of the trademark TECH ONE; and

WHEREAS, MICROFLEX MEDICAL CORPORATION, a California corporation, the full post office address of whose principal office or place of business is 1757 Grandview Avenue, South San Francisco, California, is the licensee of said trademark and is desirous of acquiring the world-wide (except in Canada) rights to said trademark;

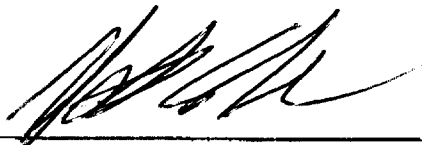
NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the said NATHAN SAKS D/B/A/ SAKS/MICROFLEX CORPORATION, does hereby sell, assign and transfer to MICROFLEX MEDICAL CORPORATION, all the world-wide (except in Canada) right, title and interest of the said NATHAN SAKS D/B/A SAKS/MICROFLEX CORPORATION in and to the trademark TECH ONE, including the goodwill attaching thereto;

IN WITNESS WHEREOF, NATHAN SAKS D/B/A SAKS/MICROFLEX CORPORATION, has caused these presents to be executed in the City

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of South San Francisco, California, United States of America,  
this 17th day of May, 1994.

NATHAN SAKS D/B/A/SAKS/MICROFLEX CORPORATION



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