

FORM PTO-1015
Expires 06/30/99
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04-20-2000

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



101327247

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # _____ Frame # _____

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year

- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached
Execution Date
Month Day Year
12 21 1999

Name E. R. Squibb & Sons, Inc.

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization Delaware

Receiving Party

Mark if additional names of receiving parties attached

Name Ultraform Medical, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 19660 Killarney Way

Address (line 2) _____

Address (line 3) Brookfield
City

Wisconsin
State/Country

53045
Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization Delaware

FOR OFFICE USE ONLY

04/19/2000 TTON11 00000245 2222992

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40.00 DP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002055 FRAME: 0418

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2222992"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

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. Charges to deposit account are authorized, as indicated herein.

Marshall J Brown

Name of Person Signing

Marshall J Brown

Signature

2/11/00

Date Signed

ASSIGNMENT OF TRADEMARKS

WHEREAS, E.R. SQUIBB & SONS, INC., a Delaware corporation, having its principal place of business at 100 Headquarters Park Drive, Skillman, New Jersey 08558 ("Assignor"), is the sole and exclusive owner of the Trademark(s) described in the Schedule attached hereto and made a part hereof; and

WHEREAS, ULTRAFORM MEDICAL, INC., a Delaware corporation, having its principal place of business at 19660 Killarney Way, Brookfield, Wisconsin 53045 ("Assignee"), desires to acquire the entire right, title and interest in, to and under the said Trademark(s) and any Registrations and Applications for Registration thereof;

NOW, THEREFORE, for and in consideration of the sum of One Dollar (\$1.00), and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, said Assignor does hereby sell, transfer, convey and assign to said Assignee the entire right, title and interest in, to and under said Trademark(s) and any Registrations and Applications for Registration thereof ("Trademarks"), together with the goodwill of the business symbolized by the Trademarks, together with all rights and privileges granted and secured thereby, including the right to sue and recover for any past infringement, said rights to be held and enjoyed by said Assignee, for its own use and benefit and for the use and benefit of its successors, assigns or other legal representatives as fully and entirely as the same would have been held and enjoyed by said Assignor if this Assignment and sale had not been made. Assignor further agrees to execute any and all documents and do any such reasonable acts that shall be required in order for Assignee to perfect and secure such rights.

AND, said Assignor hereby covenants that it has full right to convey the entire interest herein assigned.

IN TESTIMONY WHEREOF, Assignor has executed this Assignment by its proper officers thereunto duly authorized, this 21 day of December, 1999 at Skillman, New Jersey.

E.R. SQUIBB & SONS, INC.

Ronald P. Roveda
 Name: **Ronald P. Roveda**
 Title: *Director of Strategic Marketing*

STATE OF *NEW YORK*)
) SS
 COUNTY OF *NEW YORK*)

Subscribed and sworn to before me this
21st day of December, 1999.

Lynn M. Hyland
 Notary Public
 My Commission Expires: _____ [SEAL]

LYNN M. HYLAND
 Notary Public, State of New York
 No. 31-4205209
 Qualified in New York County
 Commission Expires Oct. 31, 2000

SCHEDULE

Country	Status	Application Number	Application Date	Registration Number	Registration Date
United States	Registered	74603290	11/10/94	2222992	2/9/99