

10-19-2000



101490680

Re

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

10-6-00

Conveyance Type

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

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date
Month Day Year
05 12 1997

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

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

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

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

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.)

FOR OFFICE USE ONLY

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.

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

<input type="text" value="2,292,979"/>	<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.

Stephen C. Lee

9/28/2000

Name of Person Signing

Signature

Date Signed

~~08-08-2000~~



101425944

7-1200

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\$75.00

08/07/2000 MTHA11 00000077 2292979
01 FC:481 40.00 DP

FOR OFFICE USE ONLY

000096568 MTHA11

Refund Total:

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

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Address (line 2)

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Address (line 3)

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Stephen C. Lee

7/7/2000

Name of Person Signing

Signature

Date Signed

6 Verzeichnis der Waren und/oder Dienstleistungen

Für die Angabe der Waren oder Dienstleistungen sind die Terminologie und Reihenfolge der internationalen Klassifikation zu beachten. Das Verzeichnis kann auch auf separatem Blatt im Doppel eingereicht werden.

*Aerztliche und medizinaltechnische Apparate,
insbesondere Infusionsgeräte und Injektionsgeräte*

Bitte leer lassen

Internationale Klassen

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| 1 <input type="checkbox"/> | 16 <input type="checkbox"/> | 31 <input type="checkbox"/> |
| 2 <input type="checkbox"/> | 17 <input type="checkbox"/> | 32 <input type="checkbox"/> |
| 3 <input type="checkbox"/> | 18 <input type="checkbox"/> | 33 <input type="checkbox"/> |
| 4 <input type="checkbox"/> | 19 <input type="checkbox"/> | 34 <input type="checkbox"/> |
| 5 <input type="checkbox"/> | 20 <input type="checkbox"/> | |
| 6 <input type="checkbox"/> | 21 <input type="checkbox"/> | |
| 7 <input type="checkbox"/> | 22 <input type="checkbox"/> | |
| 8 <input type="checkbox"/> | 23 <input type="checkbox"/> | 35 <input type="checkbox"/> |
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| 10 <input type="checkbox"/> | 25 <input type="checkbox"/> | 37 <input type="checkbox"/> |
| 11 <input type="checkbox"/> | 26 <input type="checkbox"/> | 38 <input type="checkbox"/> |
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| 14 <input type="checkbox"/> | 29 <input type="checkbox"/> | 41 <input type="checkbox"/> |
| 15 <input type="checkbox"/> | 30 <input type="checkbox"/> | 42 <input type="checkbox"/> |

7 Markenart

Bitte ankreuzen, wenn es sich um eine der nachfolgenden Markenarten handelt.

- | | |
|---|---|
| <input type="checkbox"/> Garantiemarke | <input type="checkbox"/> Dreidimensionale Marke |
| <input type="checkbox"/> Kollektivmarke | <input type="checkbox"/> Akustische Marke |

Vorläufig

8 Prioritätsanspruch

Gemäss Pariser Verbandsübereinkunft

Land Datum der Ersthinterlegung

USA

22. September 1995

GM

Definitiv

f Gebrauchspriorität Datum des Erstgebrauchs:

9 Farbenanspruch

Visa der Prüfung

10 Bemerkungen

Prioritätsbeleg wird nachgereicht

Visum der Erfassung

11 Beilagen

- | | |
|---|--|
| <input type="checkbox"/> 1 Vollmacht pro Marke | <input type="checkbox"/> 1 Prioritätsbeleg |
| <input type="checkbox"/> 10 schwarzweisse Abbildungen | <input type="checkbox"/> |
| <input type="checkbox"/> 5 farbige Abbildungen | <input type="checkbox"/> |

12 Datum und Unterschrift

8 März 1996

US Stein

TRADEMARK

REEL: 002157 FRAME: 0445

Übertragungserklärung

Die Unterzeichnende

Disetronic Holding AG
Brunnmattstrasse 6
3401 Burgdorf

erklärt hiermit, die Markenmeldung

MULTIFUSE (Gesuchsnummer: CH 01610/1996)

mit sämtlichen Rechten und Pflichten an

Disetronic Licensing AG
Brunnmattstrasse 6
3401 Burgdorf

übertragen zu haben

Burgdorf, den 12. Mai 1997

Disetronic Holding AG



Willy Michel



Dr. Beat Maurer

Bescheinigung über die Eintragung einer Marke

Wir bestätigen Ihnen folgende Angaben, die ins schweizerische Markenregister eingetragen wurden.

Die Eintragung ist während 10 Jahren vom Hinterlegungsdatum an gültig.

Die Markendaten wurden wie folgt im Schweizerischen Handelsamtsblatt Nr. 0133 vom 15. Juli 1997 veröffentlicht:

Hinterlegungsdatum: 08. März 1996

Marke: 442829

MULTIFUSE

Markeninhaber/in
Disetronic Licensing AG
Brunnmattstrasse 6
3401 Burgdorf

Verzeichnis der Waren und/oder Dienstleistungen
10 Ärztliche und medizinaltechnische Apparate, insbesondere Infusionsgeräte und Injektionsgeräte.

Internationale Klassifikation
10

Prioritätsanspruch
22.09.1995 US-Vereinigte Staaten v. Amerika

Eintragung ins Markenregister
20.06.1997

Markenabteilung



Liliane Neuenschwander