

11-03-2000



101505346

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

10-23-00

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

Name

Execution Date
Month Day Year

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/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

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

FOR OFFICE USE ONLY

11/02/2000 GTDN11 00000107 1792490

01 FD:481 40.00 OP
02 FD:482 100.00 OP

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 information to:
Commissioner of Patents and Trademarks Box Assignments Washington D.C 20231

TRADEMARK
REEL: 002166 FRAME: 0821

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="1792490"/>	<input type="text" value="1954784"/>	<input type="text" value="1679850"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1865695"/>	<input type="text" value="1905531"/>	<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.)

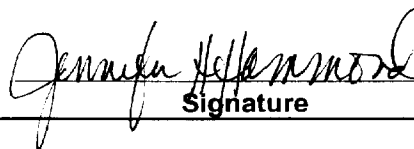
Deposit Account Number: #

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.

Jennifer H. Hammond
Name of Person Signing


Signature

10/18/2000
Date Signed

RECEIVED
JUL 19 1996
RECEIPT ACTING DIV.

07-24-1996



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SHEET

U.S. Department of Commerce
Patent and Trademark Office

NLY

481-40
48-100

Tab setting

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

7-19-96

1. Name of conveying party(ies):
BRUDER HEALTHCARE CORPORATION
 1395 S. Marietta Parkway
 Building 630
 Marietta, Georgia 30067

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State (Georgia)
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies):
 Name: **DURO-MED INDUSTRIES, INC.**
 Internal Address: _____
 Street Address: **1788 W. Cherry**
 City: **Jessup** State: **GA** ZIP: **31545**

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State **Delaware**
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
 (Designations must be a separate document from Assignment)
 Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: **June 24, 1996**

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s)
 B. Trademark registration No.(s)
**1,792,490, 1,954,784, 1,679,850,
 1,865,695, 1905,531**

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: **N. Whitney Wilson**
 Internal Address: **Bryan Cave LLP**
 Street Address:
245 Park Avenue
 City: **New York** State: **NY** ZIP: **10167**

6. Total number of applications and registrations involved: **5**

7. Total fee (37 CFR 3.41):.....\$ **140.00**
 Enclosed
 Authorized to be charged to deposit account
 (if check is missing or otherwise insufficient)
 8. Deposit Account number:
02-4467
 (Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

N. Whitney Wilson *[Signature]* **July 15, 1996**
 Name of Person Signing Signature Date

Total number of pages comprising cover sheet: **3**

OMB No. 0651-0011 (exp. 4/94)

060 JS 07/23/96 1792490 Do not detach this portion 00 CK
 060 JS 07/23/96 1792490 0 482 100.00 CK

Mail documents to be recorded with required cover sheet information to:

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Box Assignments
Washington, D.C. 20231

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TRADEMARK

ASSIGNMENT OF TRADEMARKS AND TRADEMARK REGISTRATIONS

WHEREAS, BRUDER HEALTHCARE CORPORATION, a corporation organized under the laws of the state of Georgia, having offices at 1395 S. Marietta Parkway, Building 630, Marietta, Georgia 30067 (hereinafter "BRUDER"), has adopted, used, and is using the marks shown on attached Exhibit A (hereinafter "the Marks"), some of which are registered in the United States Patent and Trademark Office;

WHEREAS, DURO-MED INDUSTRIES, INC., a Delaware corporation, having its principal place of business at 1788 W. Cherry, Jesup, Georgia 31545 (hereinafter "DURO-MED") is desirous of acquiring the Marks, and the registrations and applications therefor;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, BRUDER does hereby assign unto DURO-MED all right, title, and interest in and to the Marks, everywhere in the world, together with the goodwill of the business symbolized by the Marks, and the corresponding registrations and applications.

BRUDER:

BRUDER HEALTHCARE COMPANY

By: Aaron N. Ingram
Name: Aaron N. Ingram
Title: Vice President-Operations

State of Georgia)
County of Cobb) ss

Before me this 24 day of June 1996 personally appeared Aaron Ingram, to me personally known to be the person described in and who executed the above instrument, and who acknowledged to me that he executed the same of his own free will for the purposes therein set forth.

Susan Moore
Notary Public

AFFIX SEAL

My commission expires: Notary Public, Cobb County, Georgia.
My Commission Expires October 17, 1999.

**EXHIBIT A to ASSIGNMENT OF TRADEMARKS AND
TRADEMARK REGISTRATIONS**

U.S. Trademarks

<u>Mark</u>	<u>Reg. No.</u>	<u>Granted</u>
MICROWAVE MOIST HEAT and design	1,792,490	September 14, 1993
ORTHOVERSAL PACK	1,954,784	February 6, 1996
THERABEADS	1,679,850	March 17, 1992
THERABEADS and design	1,865,695	December 6, 1994
VASOPAK	1,905,531	July 18, 1995
MEDI BEAR	Unregistered	-

Japanese Trademark Applications

<u>Mark</u>	<u>Appln. No.</u>
MICROWAVE MOIST HEAT	120254/1993
THERABEADS with katanka	120251/1993