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U.S. Patent & TMOtc/TM Mail Rcpt Dt. #01



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

TO: The Commissioner of Patents a

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ed original document(s) or copy(ies).

Submission Type

- Submission Type options: New, Resubmission (Non-Recordation), Correction of PTO Error, Corrective Document. Includes fields for Document ID #, Reel #, and Frame #.

Conveyance type

- Conveyance type options: Assignment, License, Merger, Security Agreement, Change of Name, Nunc Pro Tunc Assignment, Other. Includes Effective Date field.

Conveying Party

Execution Date

Name ITI Medical Technologies, Inc. Formerly. Execution Date October 20, 2000. Entity type: Corporation. Citizenship: California.

Receiving Party

Name Kentucky Packaging Service L.P. Address P.O. Box 429, Louisville, Kentucky 40201. Entity type: Limited Partnership. Citizenship: Texas.

Correspondent Name and Address

Jeffrey B. Burgan, Leydig, Voit & Mayer, Ltd. Chicago, Illinois 60601-6780. Telephone: (312) 616-5600. Facsimile: (312) 616-5700. Attorney Docket No. 35,463.

Pages Enter the total number of pages of the attached conveyance document including any attachments: 4

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).

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Number of Properties Enter the total number of properties involved: 1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$40.00

- Method of Payment: Enclosed (checked), Deposit Account No. 12-1216. Authorization to Charge Additional Fees: Yes (checked), 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.

Jeffrey B. Burgan

Name of Person Signing

Handwritten signature of Jeffrey B. Burgan

Signature

October 30, 2000

Date



11-06-2000

U.S. Patent & TMO/c/TM Mail Rcpt Dt. #61

ASSIGNMENT OF TRADEMARK

WHEREAS, ITI Medical Technologies, Inc. (Assignor), a California corporation, having its principal offices at 2452 Armstrong Street, Livermore, CA 94550 has adopted, used, is using and is the owner of the following mark now registered in the United States Patent and Trademark Office:

<u>Mark</u>	<u>Reg. No./Serial No.</u>	<u>Date of Registration/ Filing</u>
MIDAS TOUCH	2,246,611	May 18, 1999

WHEREAS, Kentucky Packaging Service L.P. (Assignee), a Texas Limited Partnership, having its principal place of business at P O. Box 429, Louisville, KY 40201 is desirous of acquiring said mark:

Now, therefore, for good and valuable consideration, the receipt of which is hereby acknowledged, Assignor hereby assigns to Assignee, and its successors in interest, all right, title and interest in and to said mark, together with the goodwill of the business symbolized by said mark and registration thereof, and including all common-law and other rights in said mark, all claims, demands and causes for action, both at law and in equity, that Assignor may have, or may hereinafter acquire, on account of any infringement of said mark prior to the date hereof, and does hereby empower Assignee, and its successors in interest, to sue for and collect the same, to its and their own and absolute use.

State of California
County of Alameda

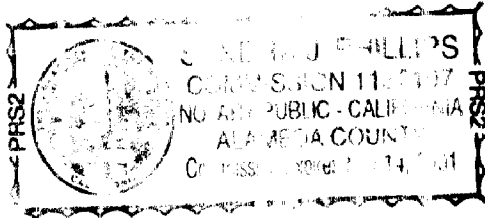
On 10/20/00 before me, Sandra J. Phillips, Notary Public, personally
appeared

Roger W. Werne

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 this 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.

Sandra J. Phillips
Sandra J. Phillips



OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
 CORPORATE OFFICER(S)

TITLE(S)

- PARTNER(S) LIMITED

GENERAL

ATTORNEY-IN-FACT

TRUSTEE

GUARDIAN/CONSERVATOR

OTHER _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

THIS CERTIFICATE MUST BE
ATTACHED TO THE DOCUMENT
DESCRIBED AT THE RIGHT

ALTHOUGH THE DATA REQUESTED
HERE IS NOT REQUIRED BY LAW, IT
COULD PREVENT FRAUDULENT
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