

03-16-2001



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**RECORDATION FORM COVER SHEET
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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
 - Merger Change of Name
 - Other
- Effective Date
Month Day Year
02 21 2001

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/AKA/TA

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

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

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)

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.)

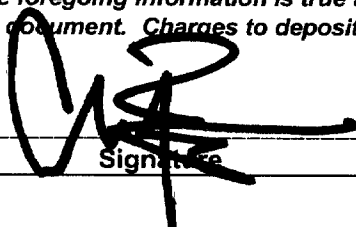
Deposit Account Number: #

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.

Ari M. Bai



3-5-2001

Name of Person Signing

Signature

Date Signed

ASSIGNMENT

WHEREAS, **TYCO HEALTHCARE GROUP, LP**, a Delaware Limited Partnership, having its principal offices at 15 Hampshire Street, Mansfield, Massachusetts 02048, has adopted, used, is using and is the owner of the trademark application for which application for registration has been filed for the mark **PARV-O-WAY** which is now pending in the United States Patent and Trademark Office, Serial No. 75/713,413;

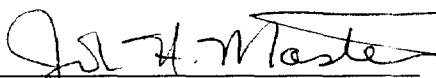
WHEREAS, **SHERWOOD SERVICES, AG**, a Switzerland Corporation, having its principal offices at Schwertrasse 9, Schaffhausen Switzerland 8200, is desirous of acquiring said trademarks,

NOW, THEREFORE, in consideration of the sum of Thirty Dollars (\$30.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, **TYCO HEALTHCARE GROUP, LP**, hereby assigns to **SHERWOOD SERVICES, AG** all right, title and interest in the United States in and to said trademark together with the goodwill of the business symbolized by said trademark.

The Commissioner of Patents and Trademarks is requested to issue the Certificates of Registration to said assignee, Sherwood Services, AG.

Signed at Mansfield, MA this 21st day of February, 2001.

TYCO HEALTHCARE GROUP, LP



Name: John Masterson

Title: Secretary of Tyco Healthcare Group, LP

STATE OF *Massachusetts*
COUNTY OF *Bristol*)

SS:

On this *21st* day of *February* 2001, personally appeared John H. Masterson to me known to me to be Secretary of Tyco Healthcare Group, LP, the assignor above named, and acknowledged that he executed the foregoing Assignment on behalf of said assignor and pursuant to authority duly received.

Elizabeth B. Leary

Notary Public
My Commission Expires
June 5, 2003