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Form PTO-1594  
(Rev. 6/93)  
OMB No 0651-0011 (exp. 4/94)

12-17-2001

COVER SHEET  
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Patent and Trademark Office



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To the Honorable C.

101917650

the attached original documents or copy thereof.

1. Name of conveying party(ies):  
PriMed International Corporation

12.7.01

- Individual(s)
  - General Partnership
  - Corporation- Minnesota
  - Other
  - Association
  - Limited Partnership
- Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)  
Name: CystoMedix, Inc.  
Internal Address:  
Street Address: 3601 Thurston Avenue, Ste. 102  
City: Anoka State: Minnesota Zip: 55303

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Minnesota
- 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
- Security Agreement
- Other:
- Merger
- Change of Name

Execution: June 19, 2001

4. Application number(s) or registration number(s):



A. Trademark Application No.(s)  
76/262827, 78/056281

B. Trademark Registration No.(s)

12-07-2001

U.S. Patent & TMO/TM Mail Rpt Dt. #01

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
Name: James P. Quinn  
Internal Address: Larkin, Hoffman, Daly & Lindgren, Ltd.  
Street Address: 1500 Wells Fargo Plaza  
7900 Xerxes Avenue South  
City: Bloomington State: Minnesota ZIP: 55431

6. Total number of applications and registrations involved: 2  
7. Total fee (37 CFR 3.41).....\$65.00  
 Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number: 12-0449  
(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.

James P. Quinn  
Name of Person Signing

Signature

12-07-01  
Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:  
Assistant Commissioner for Trademarks  
2900 Crystal Drive, Arlington, VA 22202-3513

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01 FC:481  
02 FC:482

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