

12-17-2001

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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings



ET U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

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

1. Name of conveying party(ies): NeuroSource Inc. 12-17-01 Individual(s) Association General Partnership Limited Partnership XXX Corporation-State Other Delaware Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies) Name: Chicago Institute of Neurosurgery and Neuroresearch Medical Group, S.C. Street Address: 2515 N. Clark Street Ste. 800 City: Chicago State: IL Zip: 60614 Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Illinois 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: 11/ 6/01

4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 1,909,600 1,930,188 1,960,248 Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Deborah A. Wing Internal Address: Katten Muchin Zavis Suite 1300 Street Address: 525 W. Monroe City: Chicago State: IL Zip: 60661

6. Total number of applications and registrations involved: 3 7. Total fee (37 CFR 3.41): \$ 90.00 Enclosed Authorized to be charged to deposit account 8. Deposit account number: (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. Deobrah A. Wing Signature Date 12/12/01 Total number of pages including cover sheet, attachments, and document: 1

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Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

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**ASSIGNMENT OF SERVICE MARK  
REGISTRATIONS**

This acknowledgement and ratification is made on the 6th of November, 2001, between NeuroSource Inc., a Delaware corporation, with an address of 515 N. State ("Assignor"), and Chicago Institute of Neurosurgery and Neuroresearch Medical Group, S.C., an Illinois service corporation, with an address of 2515 North Clark Street, Suite 800, Chicago, Illinois 60614 ("Assignee").

WHEREAS, Assignor has adopted and is using the service marks listed on Schedule A for which it owns federal registrations in the United States Patent and Trademark Office (collectively the "Marks");

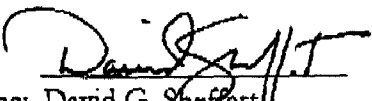
WHEREAS, ASSIGNEE is desirous of acquiring said service marks and the registrations thereof;

WHEREAS, Assignor, in part, assigned, sold and transferred to ASSIGNEE all of Assignor's rights in the marks as set forth in that certain Purchase Agreement entered into as of September 28, 2001 between Assignor and Assignee (the "Purchase Agreement");

NOW, THEREFORE, the Assignor hereby acknowledges and ratifies that pursuant to the Purchase Agreement, the Assignor has assigned, sold and transferred to Assignee, Assignee's successors and assigns, all of Assignor's right, title, and interest in and to the Marks, together with the goodwill of the business symbolized by and associated with the Marks and service mark registrations thereof.

IN TESTIMONY WHEREOF, Assignor has executed this acknowledgement and ratification of Assignment by a duly authorized officer.

**NEUROSOURCE INC.**

By:   
Name: David G. Sheffert  
Title: Vice President Legal and General Counsel

Schedule A

Mark	Registration Number
CHICAGO INSTITUTE OF NEUROSURGERY AND NEURORESEARCH	1,909,600
CINN	1,930,188
CINN and Design	1,960,248

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NEUROSOURCE

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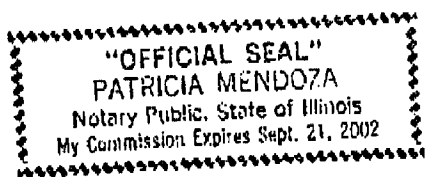
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ACKNOWLEDGEMENT

STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF COOK )

I, Patricia Mendoza a notary public in and for said County, in the State aforesaid, do certify that David Sheffert, Vice President Legal and General Counsel of NeuroSource Inc., who is personally known to me to be the same person whose name is subscribed to the foregoing Assignment of Service Mark Registrations, appeared before me this day in person and acknowledged that he signed and delivered the said instrument as his own and free and voluntary act and as the free and voluntary act as a authorized officer of NeuroSource Inc. for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_ 2001.



Notary Public Patricia Mendoza  
Typed name Patricia Mendoza

Notarial Seal

My commission expires

Sept 21, 2002