

Form PTO-1594
(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

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RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

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

1. Name of conveying party(ies):
Sirrom Capital Corp.

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

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

2. Name and address of receiving party(ies)
Name: Encore Orthopedics, Inc.
Internal
Address: _____
Street Address: 9800 Metric Blvd.
City: Austin State: TX Zip: 78758

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State DE
 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 termination of security agreement
 Execution Date: 5/22/1997

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
B. Trademark Registration No.(s)

1,819,447
1,806,706
1,806,707

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Encore Medical Corporation
Internal Address: Harry L. Zimmerman
9800 Metric Blvd.
Street Address: 9800 Metric Blvd.
City: Austin State: TX Zip: 78758

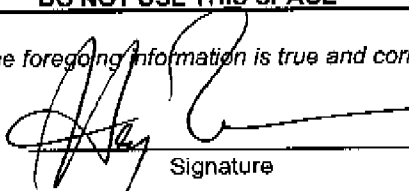
6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 3.41).....\$ 90.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
10-0096
(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.

Harry L. Zimmerman  11-28-01
Name of Person Signing Signature Date

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

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

ENCORE MEDICAL CORPORATION
Wire Transfer Instructions

For Credit To:

Bank Name: First Union Bank of Tennessee

ABA #: 064000059

Account Number: 202000151652

Payee Name: Sirrom Investments, Inc.

Telephone: 615-256-0701

Handwritten note in a circle:
5/21/97 10:19
Ref # 759
AE

Debit to:
Encore Medical Corporation
8920 Business Park Drive
Suite 380
USA
Austin, Texas 78759

Account Number: 072-758-00

Reference:

Total Payoff: \$5,038,791.67

Handwritten signature: Craig A.C.
Handwritten text: Mike Crisler 5/21/97
Handwritten text: August Fuchs
5-21-97

Authorized Signature:

Date:

Contract #:
Amount:

Handwritten text: Ann Chubb
612-667-7080

Sirrom Investments, Inc.
Encore Orthopedics/Encore Medical
Payoff as of 5/23/97

Loan Date	Loan Amount	Interest Rate	Interest paid Through	Interest Due	Days	per diem
7/28/95	\$3,000,000	13.50%	4/30/97	\$23,625.00	21	\$1,125.00
2/28/96	\$2,000,000	13.00%	4/30/97	\$15,166.67	21	\$722.22
Totals	\$5,000,000			\$38,791.67		\$1,847.22

Total Interest	\$38,791.67
Total Principal	\$5,000,000.00
Total Payoff	\$5,038,791.67

Per diem \$1,847.22

Wiring Instructions:

Sirrom Investments, Inc.
First Union Bank of Tennessee
Acct.#: 2020000151652
ABA#: 064000059